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ABSTRACT

This second volume of the final report of the 1981 White House Conference on Aging presents a historical overview of the Conference, tracing its history from its inception as a joint resolution in Congress in 1979 through the nationwide preparatory activities, to its culmination with the gathering of delegates and observers in late November of 1981. Previous conferences are outlined and the economic climate at the time of the 1981 Conference is described. Enabling legislation and early preparations for the conference are reviewed, and the conference process is described in detail. The texts of welcoming speeches and keynote addresses to the Conference delegates are also presented. Reports of the 14 Conference committees are summarized. The appendices present the text of the 1981 White House Conference on Aging Act and provide lists of the National Advisory Committee, the state White House Conference on Aging coordinators, state White House Conferences on Aging, the technical committees, the mini-conferences, delegates, observers, international observers, official rules of procedure, Conference committee leadership, and the 1981 White House Conference on Aging staff. (JAC)

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Final Report the 1981 White House Conference on Aging

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Volume 2
Process
Proceedings

November 30, 1981–
December 3, 1981

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Executive Director: Betty H. Brake

Staff Director: Jarold A. Kieffer
Conference Spokesperson: Claire Dorrell
Director, Office of Special Events: Jean C. Berguast
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Mary S. Harper
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Leslie B. King
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Director, Office of Project Development: Ronald J. Wylie
Chairman, National Advisory Committee:
Constance C. Armitage

Deputy Chairmen, National Advisory Committee:

J. Glenn Beall
Anna V. Brown
Arthur Flemming
Consuela L. Garcia
William F. Kieschnick, Jr.
Eleanor Storrs

About the cover:
Joel H. Hildebrand, Professor Emeritus of Chemistry at the University of California, Berkeley, photographed at his laboratory in his early nineties. Now 100, Professor Hildebrand continues to be active. Over the course of 39 years, he taught chemistry to 40,000 students; participated in the 1955 White House Conference on Education; served as president of the Sierra Club and as manager of the U.S. Olympic Ski Team. He has received numerous awards as a scholar, has been married for 74 years and is the father of four.

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THE 1981 WHITE HOUSE CONFERENCE ON AGING:

Historical Overview

Introduction

White House Conferences are a phenomenon of the 20th Century, and probably nothing quite like them exists in any other nation. Since the first White House Conference, held in 1907 on conservation of natural resources, about 35 have been convened by either the President or the Congress.

Despite growing skepticism on the utility of such conferences in a time of limited resources[1], there was broad and strong support for another national conference in 1981 to chart a course for dealing with the problems and challenges posed by the aging of the American population. For, as pointed out by Clark Tibbits of the Administration on Aging, White House Conferences serve many functions:

- They seek to change the value system, structure, or functions of public and private institutions in order to meet new problems.
- They provide a way for the President and Congress to give conspicuous public expression or response to new problems.
- They provide a way for government officials to test public or interest group reaction to ideas for new programs.
- They provide a mechanism for professionals and interested laymen to explore new areas of concern and to advocate specific actions by the President and Congress.
- They increase public awareness of new circumstances or problems in society.

In short, they are a natural product of a democratic society.

Long before the final deliberative gathering of delegates (usually in Washington, D.C.), White House Conferences typically are preceded by a large number of meetings all over the country, sponsored by organizations, interest groups, States, and communities. These nationwide preliminary activities are not mere exercises; they ultimately define the depth and scope of the national meeting agenda. Indeed, these activities at the grass roots serve as incubators of leadership; many who end up as delegates or observers at the final national meeting are persons who participated in related activities in their own groups and communities.

All this, in broad outline, describes the processes of the 1981 White House Conference on Aging. This volume traces the history of that Conference in some detail, from its inception as a joint resolution in both Houses of Congress in 1979, to the nationwide preparatory activities, to its culmination over two years later with the gathering of thousands of delegates and observers to discuss and debate issues and pass resolutions for the guidance of government, private institutions, and society as a whole.

Chapter 1

HISTORY OF WHITE HOUSE CONFERENCES ON AGING

Unlike most White House Conferences, which have occurred only once or twice on a given subject, those on aging have occurred roughly every 10 years and have had as a major component the fostering of broad public awareness of great social issues arising from a demographic revolution: the fact that for the first time in history large numbers of human beings are reaching old age, not only in the United States but all over the world.

The 1981 Conference was the fourth national conference on aging, following conferences in 1950, 1961, and 1971, and like all its predecessors it was held in Washington, D.C. These earlier conferences are briefly reviewed below.

The 1950 National Conference on Aging. Though not officially designated a White House Conference, the first national conference on aging was convened in August 1950 by the Federal Security Administration, forerunner of the Department of Health, Education, and Welfare. Approximately 800 delegates met in Washington for three days. The conference advocated greater national attention to the problems of the aged population and supported creation of State agencies and commissions on aging.[2]

The 1961 White House Conference on Aging, held in January of that year, was the first such conference on aging authorized by law (Public Law 85-908). More than 2,500 delegates, representing 53 States and territories, made a total of 947 recommendations, many of which called for public policy action in the following areas:

- Development of a special Federal agency to serve as a national focal point for the concerns and needs of the older population
- A Federal program to support health care of the elderly
- Increased opportunity for manpower training, volunteerism, and employment of the elderly.[3]

The 1971 White House Conference on Aging, convened in late November, was attended by approximately 4,000 delegates, 35 percent of whom were 65 or older. The conference produced a total of 710 recommendations, including policy initiatives or changes in the following areas:

- Increased involvement of the elderly and of public, private, and voluntary agencies in elevating the role of the elderly in decision-making
- Establishment of an income assistance program to ensure a "comfortable" standard of living for all older Americans
- Increased funding of research and training programs in the biomedical, social, and behavioral aspects of aging
- Federal funding to support coordinated comprehensive planning for the elderly at the Federal, State, and local government levels
- Adoption of a Federal policy to increase transportation services for rural and urban elderly.[4]

Chapter 2

THE AMERICAN SCENE AT THE TIME OF THE 1981 CONFERENCE

It is important to review the 1981 White House Conference on Aging in its social and historical context.

Between 1900 and 1980 the percentage of the U.S. population 65 years and older nearly tripled, and the total number of people in that age group increased about eight times. It is estimated that by the year 2000, persons 65 or older will comprise about 32 percent of the population. The United States, and most developed nations, will have an aging society—a society in which the ratio of young to old continues to shift to the old, and where a large proportion of the population is old.

Americans are not only living longer, the vast majority of each succeeding cohort of the elderly is healthier and has more income, assets, and education than its predecessors. At the same time the older population has grown it has become more socially and economically diverse, so there is no "typical" older person. Negative stereotypes of the elderly as a population class that is impaired and deprived have been completely refuted, and the equating of age with need—which is the basis of so much Federal policy for the elderly—is losing its utility. By the time of the 1981 White House Conference on Aging, mere age had become a poor indicator of ability, behavior, and need.

Participants in the 1981 Conference perceived a major challenge: to eliminate the view that older people as a group are a burden to society. A dominant theme was that America's elders do not feel deprived and do not want to be treated patronizingly or in stereotypic ways. They want to be treated as individuals in a society where economic, social, and political institutions are being transformed by the changing age distribution. Far from being a burden, America's older citizens with their experience and knowledge should be seen as a national asset and should be kept in the mainstream of American life. At the same time, the Conference participants recognized the need to provide compassionate care for the elderly in need.

The 1981 White House Conference on Aging was held at a time of great concern about inflation; of increased awareness of limited and diminishing natural resources, especially energy; and a fast-changing American social structure resulting from urbanization, industrialization, and increased mobility. In her luncheon address to the 1981 Conference participants, Dr. Lennie-Marie Tolliver, Commissioner of the Administration on Aging, pointed to the sharp contrast between current social and economic conditions and those prevailing during previous White House Conferences on Aging:

> Earlier White House Conferences on Aging were held in periods characterized by a relatively stable economy; a proportionately smaller though growing number of older people; and a rising capacity on the part of the Federal Government to assure the expanding of health, welfare, housing, and related programs for people of all ages in need. The societal climate within which the 1981 White House Conference on Aging is being held is quite different.

Several new economic, cultural, and social trends that had major impact on the 1981 White House Conference on Aging are discussed in the following sections.

Economic Security Issues

During the 1970s, the Federal Government made significant efforts to improve the economic security of the older population. These efforts included expanded eligibility as well as increased coverage and benefits in the Old Age and Survivors Insurance, Medicare, Medicaid, and Supplemental Security Income components of the Social Security Act.[5,6] Even with these enactments, however, the Senate Special Committee on Aging in its *Developments in Aging: 1980* reported that economic security in a time of high inflation was the most fundamental problem confronting older Americans. Even as preparations for the 1981 White House Conference on Aging were underway, the public was confronted with new statistics showing that between 1978 and 1979 the percentage of elderly living in poverty had risen from 14 percent to 15.1 percent, and that energy and health costs were consuming a greater proportion of the financial resources of the elderly living on fixed incomes.[7]

By the end of the 1970s, concern for economic security had spread beyond the low-income elderly. The base of financial strength for many other older Americans–as homeowners, as contributors toward personal savings, and as wage earners—was now being threatened by the same economic difficulties

facing younger persons and businesses: inflation, high taxes, and high interest rates.[8,9] The public sector's response to those concerns included enactment of such measures as property tax deferrals, indexing of tax brackets beginning in 1985, and tax-free savings certificates (these and other measures to relieve financial burdens on the elderly are more fully described in Volume 1).

In recent years concern for the economic security of the elderly has focused on the financial soundness of the Social Security retirement program, although it must be recognized that many retired persons receive benefits from public and private pensions and that a large number of working people are covered by public and private plans.[10] Some protection to beneficiaries was ensured with the passing in 1974 of the Employee Retirement Income Security Act (ERISA), but gaps in protection and desired coverage remained at the time of the '81 Conference.[11] Other concerns in the late '70s about pension policy were focused on interactions, gaps, and duplications existing among the Social Security Retirement Program, private pensions, and public pensions.[12,13]

Though a trend of voluntary early retirement persisted during the 1970s, Congress in 1978 amended the Age Discrimination Employment Act to raise the age for mandatory retirement to 70 years. This action reflected the judgment of Congress that the elderly, at least up to age 70, should be free to choose retirement rather than be forced into it by chronological age alone. Since the passage of the 1978 Amendments, attention has continued on employment rights and opportunities of the elderly. By the time of the 1981 White House Conference on Aging there were indications of increasing interest among some elderly to remain in the work force.[14-16]

Growth of Medical Programs for the Elderly

Increased attention to the medical needs of the aging population was also evident during the 1970s. New knowledge of the aging process, growth of the total number of elderly in the upper age cohorts, and the sharply rising costs of medical care were all part of the setting for the 1981 White House Conference on Aging.[17]

The early and mid-1970s had seen the public sector respond to the medical care needs of the elderly by amending the criteria for eligibility and benefit structure under Medicare and Medicaid, but as the '81 Conference approached more emphasis was being placed on the concept of a "continuum of care," a "long-term care system" including supportive elements for preventive and maintenance care as well as institutional care with additional support for the terminally ill.[18-20]

Social Services and the Growth of The Aging Network

The growth of social service programs for the elderly during the 1970s brought a multitude of regulations, often fragmented and inconsistent, followed by a series of earmarked and discretionary grants. One result was the growth of an "aging network" comprised of national organizations for the elderly; State units on aging; Area Agencies on Aging; service providers; gerontology and other manpower training centers; advocates and ombudsmen for the elderly; senior centers and nutrition sites; researchers; information and referral specialists; intake and case management staff; and planners, evaluators, and auditors.[21-23]

As the aging network expanded so did its efforts to influence policymakers in the public sector.[24,25] Policymakers, in turn, began to focus the need for more efficient and innovative program administration, especially as emphasis increased on limiting Federal spending.[26,27] Numerous State and Federal legislative hearings were held in the late 70s in an effort to monitor the impact of existing legislation for the elderly as well as to identify more efficient and effective ways for the public sector to address the social welfare needs of the older population.[28] This emphasis is evident in *Developments in Aging: 1980,* which called for more refined targeting of resources and careful analysis of proposed new programs.[29]

At the same time Federal, State, and local officials were beginning to place greater emphasis on targeting resources and serving clients in greatest need, the public was becoming more insistent on less government intervention in private lives. State and local officials were also reacting to the complexity of Federal regulations imposed on them as program implementors. As the 1981 Conference approached, innovative model programs were being explored to promote independence and sustained self-dignity.[30-32] Instead of relying exclusively on Federal aid, the programs were tapping all available public and private resources, as well as the family and the community.

New Knowledge and Changed Attitudes About Aging

Knowledge about the aging populations and elderly populations expanded appreciably during the decade preceding the 1981 Conference. Federally funded training funds and technical assistance projects provided opportunities for individuals in the

field of aging and others serving elderly clients to increase their knowledge and understanding of the elderly.[33] More research was funded, more surveys were conducted, and more training was provided to a growing number of students interested in gerontology.

The spread of this new knowledge was accompanied by increased awareness of the elderly as consumers of goods and services.[34] Marketing firms began to pitch advertising to older consumers, and educational institutions introduced more courses to help older students start a second career or to help retirees enrich their leisure time. Negative age stereotypes began to diminish in the late '70s as the media became more active in portraying the elderly in a variety of roles.[35-37]

Membership in aging interest organizations increased during the 1970s, as did the number of such organizations, and these groups became more sophisticated as legislative advocates. Although they are multiple, distinct, and hold few interests in common and are therefore perceived by some as only "paper" political forces, these groups have established formal and informal umbrella organizations to strengthen their cohesiveness on specific issues affecting the elderly.[38,39]

With increased attention on the elderly the public became more aware of the proportion of government outlays to the older population, referred to in the late '70s as the "graying of the budget." As questions about the fiscal solvency of pension programs grew more frequent, concern was expressed that polarization between generations would develop if Social Security taxes imposed on younger workers continued to rise in order to support the growing number of nonworking older Americans.[40-42]

Other Trends and Issues

Other phenomena such as increased crime rates, physical abuse, and social isolation of the elderly were significant areas of concern among participants in the 1981 White House Conference on Aging.[43] While crime rates in urban areas have increased in the last decade, there is evidence suggesting that the elderly are the least likely to become crime victims. Nevertheless, fear of crime has become an impediment to mobility for many elderly Americans and has increased their isolation. Awareness of abuse of the elderly, both by family members and by caretakers in institutions, has grown. Public guardianships and protective services were some of the responses of the public sector to protect the rights and safety of the elderly. As intergenerational gaps expanded with changes in lifestyle[44], programs such as ACTION's Foster Grandparents were implemented by the public sector to promote exchange of resources between the young and old.

The 1970s were also a time when many women joined or returned to the labor force.[45] Since women had been major contributors of voluntary community service during earlier decades, this movement placed even greater importance on the volunteer work of retired men and women. The growth of programs for elderly volunteer workers was stimulated by support from the public sector during the 1970s, with beneficial results for the volunteers themselves as well as to the recipients of their services, many of whom also are elderly.

Chapter 3

MAKING IT HAPPEN:

The Legislative and Administrative History of The 1981 White House Conference on Aging

Enabling Legislation

In early 1977, Representative Claude Pepper (D-Florida) reported that "the House Select Committee on Aging...has just finished line-by-line study of the 1971 report [of the White House Conference on Aging]. Although much progress has been made as a result of these recommendations, we find a great many of them still unimplemented almost six years after the close of the Conference."

At the same time, Senator Frank Church (D-Idaho), citing the benefits derived from the previous White House Conferences on Aging, stated, "A third White House Conference on Aging is needed to assure that the momentum generated by previous White House Conferences does not falter and die. Such a conference can focus on further development of national policy and action in the field of aging."[46]

On May 6, 1977, Senator Church and Representative Pepper joined efforts and introduced resolutions in the House and Senate calling for the 1981 White House Conference on Aging.

During congressional hearings in 1978 on proposed amendments to the Older Americans Act several representatives of national organizations on aging expressed strong support for the resolutions calling for the 1981 White House Conference on Aging.[47] Support also came from Department of Health, Education and Welfare Secretary Joseph A. Califano, Jr., and Administration on Aging Commissioner Robert Benedict. Secretary Califano stated that the Conference would provide "a forum for developing comprehensive approaches to the problems that will confront the Nation's elderly citizens over the next generation." Commissioner Benedict stressed "...the need for such a Conference in order to stimulate public attention to the 'graying of America', and to generate an effective response to the issues raised by the 'graying' process."[48]

On October 18, 1978, eighteen months after the introduction of the Joint Resolution, President Carter signed the legislation authorizing the 1981 White House Conference on Aging. (A copy of Public Law 95-478, Title II, is in Appendix A.)

Early Preparations

Preparations for the 1981 White House Conference on Aging began in 1978 with the establishment of an Interim Departmental Committee under the direction of Secretary Califano in cooperation with Commissioner Benedict; Robert Butler, Director of the National Institute on Aging; and Martha Keys, Special Advisor to the Secretary of HEW. An interim conference office was set up with a small staff through the joint efforts of the Administration on Aging and the National Institute on Aging. Mr. James Golden served as the Interim Conference Office Coordinator until an Executive Director for the '81 Conference was designated at the end of 1979.

During this period, Miss Keys chaired an interim policy group made up of representatives from the following agencies: Administration on Aging; National Institute on Aging; Human Development Services; Health Care Financing Administration; Social Security Administration, Public Health Service; and the Education Division. Work was started on budget options, developing a roster of nominees for appointment to the Conference's National Advisory Committee, consideration of options on the Conference mission and operational plan, and establishment of the official Conference office.

Among the decisions made by Patricia Roberts Harris, newly appointed as Secretary of Health and Human Services during this interim period, was to give the 1981 White House Conference on Aging sharp focus as a societal mission to stimulate the national imagination and reinforce the national will to address the pressing needs of older Americans and to recognize the potential of this rapidly growing segment of our population.

The National Advisory Committee

Secretary Harris appointed Jerome R. Waldie, former Congressman from California, as Executive Director of the Conference and Dr. Sadie T.M. Alexander as Conference Chairman. The 1981 White House Conference legislation required the Secretary to appoint an advisory committee to assist in planning, conducting, and reviewing the Conference. The 56-member National Advisory Committee—chaired by Dr. Alexander and four deputy chairmen (Dr. Arthur Flemming, Mrs. Lupe Morales, Dr. Bernice Neugarten, and Dr. Ellen Winston)—guided Mr. Waldie in developing the

Conference plan and the first year implementation process.

The membership of the National Advisory Committee reflected representation from the Federal Council on Aging and other public and private organizations and included board chairmen or chief executives of many national aging organizations, professional and public sector interests, as well as minorities, the poor, and the elderly themselves.

The Advisory Committee met twice as a full body during 1980. The first meeting, held in March, was to advise the Executive Director on subjects to be addressed by the yet-to-be established national Technical Committees. Dr. Flemming, as chairman of the Issues Subcommittee, led a discussion that resulted in the recommendation of [illegible] areas for technical committee studies.

The second meeting, held in November and hosted by National Institute on Aging Director Dr. Robert Butler, heard presentations by NIA and other staff of the National Institutes of Health. Six subcommittees (Public Affairs, Private Sector, National Meeting, Pre-national Meeting, International Participation, and Issues) deliberated on ways to enhance the Conference process and reported their suggestions to the full Committee. Two resolutions were passed at this meeting—one in support of lay elderly being appointed as delegates, the other stressing the Conference's commitment to address the needs of the elderly and to press for program improvements to help meet those needs.

After the Presidential election and the resulting changes in the Administration, Richard S. Schweiker, the new Secretary of the Department of Health and Human Services, appointed an Advisory Committee for the Conference. Approximately one-third of the members of the previous Committee were reappointed.

The National Advisory Committee, led by Mrs. Constance D. Armitage as the newly appointed Conference Chairman, met for a third time in May 1981 and heard presentations on the expectations for and the importance of the 1981 White House Conference, as well as progress reports on the implementation of the Conference process during the preceeding 16 months. The speakers included Secretary Schweiker; members of his staff; representatives of other Health and Human Services agencies; Mrs. Virginia Knauer of the White House Office of Public Liaison; Mr. David A. Rust, the newly appointed Executive Director of the Conference; congressional staff; and members of the National Advisory Committee. The Advisory Committee deliberated on the types of materials to be distributed to Conference delegates and observers to help them prepare for the national meeting; the committee structure of the national meeting, including the areas to be assigned to each committee; the concept of subgroups or subsections and the incorporation of minority and women's issues into the agenda; and the rules and procedures for conducting the national meeting.

The fourth and final meeting of the National Advisory Committee was in September 1981. The Committee and Chairman Armitage, with the assistance of Executive Director Rust and other staff, reviewed decisions on Conference committee structure, logistical arrangements, appointments of delegates and observers, and the mailing of informational material to Conference participants prior to the national meeting. The major agenda item for this meeting—review and discussion of options for the rules of the Conference—was led by Senator J. Glenn Beall, Acting Chairman of the Rules Subcommittee. Four other subcommittees (Awards, International Observers, Special Events, and the Private Sector) presented suggestions resulting from their meetings.

National Advisory Committee members assisted the Conference in many ways besides the four times they met as a body. There were informal meetings as well, to discuss policy questions and other issues; there were telephone conferences and polls; and many letters and telephone conversations passed between individual Committee members and the Conference office. National Advisory Committee members also served as delegates during the national meeting and represented the Conference by speaking at meetings and appearing on radio and television programs throughout the Nation. They were instrumental, in many cases, in organizing community forums in early 1980 and helping State coordinators for the White House Conference in State-level activities through 1980 and 1981. Some members played a major role in promoting private sector participation in the Conference process, including service as board members of the Corporation for Older Americans—a nonprofit charitable corporation through which individual and private sector contributions were channeled for supporting auxiliary activities of the Conference.

Honorary Chairmen and Special Advisors

While many members of Congress gave strong support to the 1981 White House Conference on Aging, the Secretary of Health and Human Services named four congressional leaders as Honorary Chairmen in appreciation for their special efforts on behalf of the Conference and to stimulate further cooperation between Congress and the Con-

ference office. The four were Senators John Heinz and Lawton Chiles and Representatives Claude Pepper and Matthew J. Rinaldo.

Senator John Heinz (Republican, Pennsylvania) is Chairman of the Senate Special Committee on Aging during the 97th Congress. This Committee was formed in 1961 and has served as a forum for the development of significant legislation since that time. Senator Heinz has served on the Committee since 1978. A native of Pittsburgh, he was first elected to Congress in 1971 and served five years in the House of Representatives. He was elected to the Senate in 1976.

Representative Claude Pepper (Democrat, Florida) has been Chairman of the House Select Committee on Aging since 1977. The Committee, established in 1972, oversees and investigates issues affecting the elderly and makes recommendations to the full House. A resident of Miami, Representative Pepper has been a member of the House of Representatives for 18 years and also served in the United States Senate from 1937 to 1951.

Senator Lawton Chiles (Democrat, Florida) is the ranking minority member of the Senate Special Committee on Aging during the 97th Congress. He has served on the Committee since the early 1970s and was its Chairman during the 96th Congress. A resident of Holmes Beach, Senator Chiles was first elected to the United States Senate in 1970 and was reelected in 1976.

Representative Matthew J. Rinaldo (Republican, New Jersey) is the ranking minority member of the House Select Committee on Aging during the 97th Congress, serving on the Committee since 1977. A resident of Union, Representative Rinaldo has been a member of the House of Representatives since 1972.

The Secretary of Health and Human Services also named three individuals as Special Advisors to the Executive Director: John B. Martin, William D. Beechill, and Bertha S. Adkins.

Bertha S. Adkins, Undersecretary of the Department of Health, Education, and Welfare during the latter part of the Eisenhower Administration, had primary responsibility for overseeing the preparations and conducting of the 1961 White House Conference on Aging and served as Vice-Chairman of the 1971 Conference.

William D. Beechill served as the first U.S. Commissioner on Aging from 1965 to early 1969. He is now a professor of social work at the University of Maryland.

John B. Martin served as the U.S. Commissioner on Aging from 1969 to 1973 and was Director of the 1971 White House Conference on Aging. During the 1981 Conference Mr. Martin was serving as a consultant to the National Retired Teachers Association/American Association of Retired Persons.

Organization and Staffing

The 1981 White House Conference on Aging Act authorized the Secretary of Health and Human Services to plan and conduct the Conference in cooperation with the Commissioner on Aging and the Director of the National Institute on Aging. Following common practice, the Secretary redelegated this authority to the Executive Director of the Conference. The Secretary also assigned the responsibility of providing administrative support for the Conference to the Office of Human Development Services (which includes the Administration on Aging).

The Conference became a reality through the efforts of its staff. Beginning shortly after the Secretary named the first Executive Director in December 1979, an initial group of approximately six people was supplemented with personnel hired by the Conference or borrowed from other agencies. By the summer of 1980 the staff had to grown to approximately 60 and was actively supporting the Technical Committees, facilitating community forums, and assisting with plans for State conferences and mini-conferences. This staffing level persisted through the spring of 1981, when reports were received from the Technical Committees, mini-conferences, and State conferences. The staff was then reduced to approximately 40 for a few months but began to expand as the national meeting drew closer. By the fall of 1981, a Conference-funded staff of 55, supplemented by approximately 30 staff on loan from other agencies, was in place for the final hectic weeks. After the conclusion of the national meeting a staff of approximately 20 was retained to prepare the final report, analyze data from the delegate/observer survey, and phase out the Conference.

Staff turnover was high during the 24-month period that culminated in the national meeting. Three individuals held the position of Executive Director: Jerome R. Waldie (December 1979-January 1981), David A. Rust (March-September 1981), and Betty H. Brake (October-December 1981). Stephen F. Gibbens had responsibility for preparing the final report and phasing out Conference operations. In all, approximately 120 individuals had appointments as paid employees, excluding members of the Advisory and Technical Committees. The rapid turnover resulted from changes in leadership and the time-limited nature of staff appointments. Appendix L gives individual recognition to all who held staff appointments or were loaned to the Conference.

Volunteers played an important role at the national meeting. Hundreds of dedicated individuals donated their own time and solicited the services of others willing to contribute time and energy. An estimated 2,000 volunteers assisted at the national meeting, some for a few hours but many for long days. In numerous ways they helped meet the routine and special needs of the Conference participants. Without them, the national meeting could not have been successfully held.

The Operational Plan

By the time the national meeting of the 1981 White House Conference on Aging convened in plenary opening session on Monday, November 30, 1981, hundreds of other meetings in preparation for the event had been held throughout the country in the previous 24 months. Many of these meetings were convened at the request of the Conference office, such as the 58 State, territorial, and Navajo Nation White House Conferences. Other meetings were initiated by individuals, organizations, and groups who wanted to discuss the issues of an aging society. These resulted, in some cases, in recommendations to the Conference or in implementation of recommendations at the level where they were developed. It is impractical to detail all the events that occurred throughout the Nation in connection with the 1981 White House Conference on Aging, but examples of how thousands of dedicated Americans took advantage of the opportunities for meaningful participation in the Conference are provided in a later chapter.

Guidance in the development of the Conference plan came from two sources: from the legislation authorizing the 1981 White House Conference on Aging and from the deliberations of the National Advisory Committee. The Conference plan, under the advice and leadership of the National Advisory Committee, addressed three major questions:

- What kinds of meetings should be held prior to the national meeting?
- Should the Conference office encourage discussion of specific issues at these meetings, and if so, which issues?
- Who should be encouraged to participate in and convene these meetings?

The authorizing legislation listed issues needing exploration, such as the "need for a more comprehensive and effective social service delivery system for older individuals" and the "need for a national policy with respect to increasing, coordinating, and expediting biomedical and appropriate research directed at determining the causes of the aging process." The Act also mentioned methods for exploring issues, for example: ". . . the Secretary [of Health and Human Services] shall render all reasonable assistance, including financial assistance, to State agencies on the aging and to area agencies on aging, and to other appropriate organizations to enable them to organize and conduct conferences on aging prior to the Conference." Further: ". . . the Secretary shall assure that conferences will be so conducted as to assure broad participation of older individuals" and ". . . the Conference shall bring together representatives of Federal, State, and local governments, professionals and lay people who are working in the field of aging (including researches on problems of the elderly and the process of aging), and representatives of the general public, including older individuals."

The operational plan that emerged consisted of three phases:

Phase I. — This phase emphasized activities with broad participation at the local level. Between January 1980 and June 1981, information about the '81 Conference was disseminated widely, and technical assistance and staff support were provided to groups that had assumed responsibilities for various tasks in preparation for the national meeting. The sixteen Technical Committees were appointed and their reports were written during this time. Community forums, State conferences, and mini-conferences were held. Also, Governors and Members of Congress were advised on how they could participate in the selection of delegates; most of the gubernatorial and congressional delegates were named by June 1981.

Phase II. — June to early December 1981 was a time of concentrated effort to prepare for the national meeting. The remaining delegates and observers were selected and provided with information and background documents. Some special interest groups convened meetings of some delegates and observers; other mailed position papers to the Conference participants. Contractual arrangements for logistic support for the national meeting were completed, procedural rules for the Conference were promulgated, the Conference leadership was selected, and a program for the national meeting was adopted.

Phase III. — In the period between adjournment of the national meeting and June 1982, the Conference office prepared this final report of the 1981 White House Conference on Aging, which in accordance with the enabling legislation includes a statement of a comprehensive and coherent national policy on aging (see Volume 1). As stipulated in the rules of procedure, the Conference participants were surveyed on their judgments of the recommendations, supplemental statements, and additional views reported by all committees at the national meeting. The survey findings and committee recommendations were analyzed to discern the sense of the delegates in developing the final report (an analysis of the survey is in Volume 3). Distribution of remaining Conference documents continued during this time, along with documentation of the historical records of the 1981 White House Conference on Aging.

Funding of Conference Activities

Funding for the 1981 White House Conference on Aging came from a variety of sources, including Congress, the Department of Health and Human Services, other Cabinet Departments and independent Federal agencies, State and local governments, and the private sector. The sources and disposition of Federal funds for the Conference are detailed in Table 1.

Appropriated Funds

To carry out the purposes of the White House Conference on Aging Act, Congress appropriated $6.0 million for direct costs of the Conference, but only after considerable debate within the Executive and Legislative branches about how much should be spent. Initially, in Public Law 96-38 (Supplemental Appropriations Act, 1979) Congress appropriated $3.0 million to plan and conduct the Conference. However, at the same time Congress was giving final approval to this sum, the Interim Planning group within the Department of Health, Education, and Welfare was considering budget options ranging from $3.0 million to $8.782 million, depending on the number of delegates whose expenses would be paid, the number of Advisory Committee members, the number of Technical Committee members, and the number of staff needed to carry out Conference activities.

The main funding issue was the number of delegates that a given funding level would support and the extent to which the Conference would pay the expenses of delegates in order to encourage broad participation. After much deliberation the Department, and subsequently the President, agreed to request an additional $3.0 million for the Conference

WHCoA Funding Summary

WHCoA Funds	Amounts in Thousands
National meeting	$2,197
Advisory Committee	149
Technical Committee	266
Final report (estimated printing and distribution)	85
Staff and Conference office functions:	
Conference planning and State/local liaison estimate	1,314
National meeting estimate	435
Advisory Committee support estimate	114
Technical Committee support estimate	1,021
Final report & survey preparation estimate	419
Subtotal	3,303
Total WHCoA Appropriated Funds	$6,[illegible]
WHCoA Funds 1	
State conference	$ 600
Mini-conferences	557
NIA Funds 1	
Staff salaries before appropriation was passed	60
Mini-conferences	60
Other agencies 1	
Mini-conferences	513

1 Excludes the cost of personnel loaned to assist in Conference activities. No agency loaned more than 2 people, except perhaps, for brief periods at the time of the national meeting.

in the President's Budget for fiscal year 1981, which was submitted to Congress in January 1980. These additional funds were made available through a series of interim funding measures called continuing resolutions passed during fiscal year 1981. In June 1981 the $3.0 million funding level was assured.

AoA and NIH Support

The Act authorizing the '81 Conference named the Administration on Aging and the National Institute on Aging as partners in the planning and conducting of the Conference. The NIA began its support by paying $60,000 in salaries to the small Interim Planning staff, which began its work before the initial $3 million appropriation became available, and by funding two mini-conferences. The AoA agreed to provide $600,000 seed money to help the States launch their conferences, funded a $1.2 million logistics contract for regional hearings (these hearings were later cancelled and the contract was terminated), and became the largest financial supporter of mini-conferences, which were held on specific topics by a variety of organizations. Both the NIA and the AoA loaned staff to the Conference (this cost is not included in the above amounts).

Support From Other Agencies

Support from other Federal agencies came in two forms: funds for mini-conferences and the loan of personnel to the Conference. Departments contributing in this manner included Agriculture, Energy, Housing and Urban Development, Justice, and Transportation. Similar support was provided by independent agencies such as the National Endowment for the Arts, National Endowment for the Humanities, Environmental Protection Agency, ACTION, and the General Accounting Office. In addition to the partnership assistance from AoA and NIA described above, assistance came from other components of the Department of Health and Human Services including the Public Health Service, Community Services Administration, Social Security Administration, and Federal Council on Aging.

State and Local Support

Encouraged by the national Conference office, but often on their own initiative, State and local governments alike sponsored a variety of activities ranging from community forums, to statewide conferences, to training sessions for delegates to the national meeting. Definitive information on the cost of these State and local efforts is not available and it is difficult to make estimates, but they clearly represent a substantial financial contribution to the 1981 White House Conference on Aging.

Corporation for Older Americans

A number of individuals interested in a successful Conference established the Corporation for Older Americans, one of whose purposes was to provide financial support for ancillary activities designed to enhance the Conference process. Through its private fundraising activities, the Corporation was able to support several projects. One such project was an update of the 1974 Harris Survey of public attitudes on selected issues pertinent to the elderly. The Corporation also paid for the closed-circuit television hookup between ballrooms at the concluding banquet and for the transmission of the President's speech between the two hotels during his appearance midway through the Conference.

Chapter 4

THE CONFERENCE PROCESS

As is clear from the foregoing, a White House Conference is much more than a big meeting in Washington, D.C. It is more accurate to describe it as a *process* — national in scope, involving all States and territories, hundreds of thousands of Americans over a period of many months. The national meeting is the climactic gathering where issues that have emerged during the process are refined and formulated into policy recommendations. The elements of that process in the 1981 White House Conference on Aging are the subject of this chapter.

Community Forums and Older Americans Month Activities

The first activity of national significance in the 1981 White House Conference on Aging was thousands of community forums held throughout the country.

In January 1980, letters were sent to all the Governors and the leaders of approximately 200 organizations, religious groups, and industry informing them of the 1981 White House Conference on Aging and asking them to participate in the Conference process. The communications outlined the purpose of the 1981 Conference as follows.

> While the increasing longevity of individuals in our society is a remarkable achievement, it is also one that presents significant challenges, problems and opportunities for every institution in our country. The 1981 White House Conference on Aging will be an important forum for assessing our past achievements, and for exploring ways in which both the public and private sectors of our country can continue to assure that older Americans enjoy a high quality of life. We also hope that the Conference will chart a direction for the full participation of older Americans in our society.

The correspondence asked for cooperation in promoting community forums as part of the traditional Older Americans Month (May) and as the initial activity of the process culminating in the national meeting at the end of 1981.

The responses to this and subsequent publicity were far beyond the expectations of the Conference leadership. Two technical assistance documents, *"How to" Guide for Groups Organizing White House Conference on Aging Community Forums* and *The White House Conference on Aging Community Forums Handbook,* were distributed in large quantities, as were "Welcome to the White House Conference on Aging" flyers, President Carter's Proclamation for Older Americans Month and Senior Citizens Day, and a poster featuring celebrity Ruth Gordon.

National organizations expressed commitment early to the '81 Conference by distributing these materials to their members and supplementing them with their own guidance and promotional materials. National aging organizations, State units on aging, and area agencies on aging played an important role in coordinating the efforts and providing follow-up reports on these forums. Many sponsors forwarded their reports directly to the Conference office in Washington, D.C., but most were collected and forwarded to the State aging units by the area agencies on aging. Some national organizations collected and forwarded the reports on forums sponsored by their local and State chapters. Every effort was made to share these reports with the State unit on aging or State White House Conference coordinator in time to influence the planning of the State White House Conference on Aging. The Research and Data Resources Unit of the National Retired Teachers Association/American Association of Retired Persons offered to assist State aging offices in summarizing the vast number of community forum reports. A few States took up the offer but most chose to do their own reviews.

More than 9,500 community forums were reported with a total number of participants exceeding 390,000.

The following examples illustrate some of the promotional efforts for the community forums.

- The U.S. Conference of Mayors alerted its membership to the 1981 White House Conference on Aging and distributed the materials developed by the Conference office on community forums to each mayor.
- The Amalgamated Clothing and Textile Manufacturers' national office distributed materials on White House Conference on Aging community

forums to each of their State affiliates and urged their retired members to become involved in the forums.

- The National Interfaith Coalition on Aging (NICA) distributed more than 1,600 brochures on community forums to members representing 150 denominations. Local groups were encouraged through the NICA newsletter to explore spiritual well-being in relation to older Americans during the community forum activities.
- The American Association of Homes for the Aged publicized community forums by distributing a "White House Conference on Aging Alert" to over 17,000 homes and 31 State associations.
- The American Health Care Association distributed 750 community forum handbooks and 2,500 "How to" guides to 47 State associations.
- The American Red Cross distributed 70 "How to" guides and 70 community forum handbooks to their divisional headquarters, encouraging them to make contact with the aging organizations for follow-through in participating in community forums.
- The National Urban League distributed 150 handbooks through their regional offices to their 117 affiliates.
- The American Association of Retired Persons distributed 8,000 handbooks to its local chapters.
- The area agency on aging in St. Louis sponsored 32 forums, each emphasizing comprehensive coordinated health services.
- Television viewers in San Antonio, Texas, were able to watch two hours of a community forum in which the Executive Director of the White House Conference on Aging joined the panel to respond to questions and comments from a studio audience of elderly persons. The innovative program was cosponsored by Senior Community Services and Station KMOL.
- WNBC-TV, NBC's flagship television station in New York, hosted a community forum in which some 30 advocates spoke out about the problems of the aged to the Conference's Executive Director and a group of NBC executives.
- Elsewhere, radio and television stations cooperated to provide forums for those who might have found it difficult to attend meetings in person. A call-in program by the Iowa Commission on Aging reached an estimated 5,000 homes in a predominantly rural area extending into four States. In metropolitan New York, listeners turned the weekly radio discussion program of the Department for the Aging into a forum. The Department provided issues brochures to make the discussion more meaningful. In Massachusetts, the Plymouth Council on Aging enlisted the help of two radio stations and the Berkshire Home Care Corporation sponsored a day-long "Elderthon" call-in program.
- Sponsors of many forums made attendance easier by taking the meetings to the people, even to the homes of shut-ins. Such sessions for as few as four or five were arranged by Marion County, South Carolina, outreach workers who went into isolated communities and sought out home-bound elderly persons. Other sponsors used elderly housing projects, nursing homes, neighborhood centers, and congregate dining facilities.
- One forum in Jackson, Mississippi, involved only 27 persons — but the range in ages was from 15 to 81. Of 30 who attended a forum in North Fort Myers, Florida, most were blind or visually impaired.

State Conferences

Early in 1980 each Governor was asked to sponsor a State White House Conference on Aging sometime between September 1980 and May 1981 (later extended through June 1981). All the States, territories, and the Navajo Nation conducted such conferences.

The national office provided guidance on conducting these conferences, stressing that they were an intermediate mechanism by which issues and recommendations from individuals and community meetings could be explored in depth and subsequently transmitted through State Conference reports to the delegates at the national meeting. The States were encouraged to make their reports reflect the concerns of citizens on both short-term and long-range issues of an aging society and to contain recommendations and directives for public and private sector responses to those concerns.

The States were also encouraged to ensure broad representation in the State Conference process. The following groups were specifically mentioned by the Conference office:

- Institutionalized and handicapped elderly
- Low-income elderly
- Minorities
- Urban and rural interest groups
- Researchers in the field of aging
- Private sector (voluntary and corporate)

- National organizations
- Older women
- Retired individuals
- Policymakers
- Professional and civic groups with particular interest in the family

To help cover the expense of the State White House Conferences on Aging, the Commissioner of the Administration on Aging provided supplemental grants to State agencies on aging. A total of $600,000 was distributed for the State conferences with a minimum of $10,000 per State and $2,500-$5,000 for each territory.

Throughout the life of the '81 Conference, the national office maintained a staff unit to keep in regular contact with the State Coordinators. While the States were responsible for planning and implementing their own conferences, ideas were frequently exchanged between the States and the national office staff on preliminary activities such as State-sponsored development of background papers for State conference participants or participants in regional hearings within a State. National office staff participated in planning meetings for developing State agendas and spoke at many State conferences.

Each State determined the dates and location for its Conference, the agenda, the number of participants and the method of selecting them, and the level of financial assistance to be provided for the participants.

More than 37,000 individuals participated in the State conferences, about 75 percent of whom were 55 years of age or older. More than 60 percent were women and approximately 20 percent were members of minority groups.

Florida, with the largest percentage of older persons of any State, hosted the first State White House Conference on Aging. Former Florida Governor Leroy Collins gave the keynote address on "The Uniqueness of Older Floridians" on Wednesday morning, September 17, 1980. The Conference concluded on Friday morning at the Atlantis Theater in Sea World, where Governor Graham introduced First Lady Rosalynn Carter to more than 5,000 elderly persons from all over the State.

"Everybody's Tomorrow - Aging in Colorado" was the theme of the Governor's Conference on Aging held October 9-11, 1980 at the Colorado Women's College in Denver. The Colorado conference convened by Governor Richard D. Lamm was attended by 500 delegates and 200 other participants from throughout the State. Most in attendance had participated in over 450 community forums and 13 State regional conferences earlier in the year.

Over 400 delegates attended the 1981 Oregon State Conference on Aging March 23-25 at the Hilton Hotel in Portland to develop resolutions concerning issues previously raised in approximately 140 community forums and attended by nearly 4,000 people. Of the 10 issues discussed at the day-long conference, health care, social security, and housing were of primary concern to the Oregon conferees. Delegates to the Conference were greeted by Governor Victor Atiyeha and Frank Ivancie, Mayor of Portland. The Hon. Ron Wyden (R-Ore.) gave the keynote address.

"Today, Tomorrow, Together" was the theme for the 1981 New Jersey Governor's Conference on Aging held March 24, 1981, at Trenton State College. More than 600 delegates attended the conference, culminating a process that began with nearly 400 community forums throughout the State in which over 30,000 people participated. Of the more than 20 issues discussed at the day-long conference, economic well-being, health care, housing, and transportation were predominant.

Appendix D provides the dates and locations of each of the State White House Conferences on Aging. State White House Conference Coordinators, who played a major role in organizing White House Conference activities in the States are listed in Appendix C.

Technical Committees

The enabling legislation for the 1981 White House Conference on Aging authorized the establishment, if necessary, of technical committees by the Secretary of the Department of Health and Human Services. In April 1980, Secretary Patricia Roberts Harris appointed 135 individuals to serve on technical committees and develop issues and recommendations in specific areas to serve as background material for delegates to the national meeting. The major topic areas around which the 16 committees were formed had been recommended by the National Advisory Committee at its first meeting in March 1980.

The Secretary appointed persons to these committees who could provide in-depth knowledge as well as a broad perspective. Membership included public sector officials, professionals in the field of aging, scientists and scholars, representatives of business and voluntary agencies, and citizens from diverse economic backgrounds. Some individuals served on more than one committee. Membership ranged from 6 members on one committee up to 17 on the largest committee. The Conference office

assigned staff to assist each committee and in many cases consultants were also provided.

The 16 committees were:

- Employment
- Health Services
- Health Maintenance and Health Promotion
- Social and Health Aspects of Long-Term Care
- Family, Social Services, and Other Support Systems
- The Physical and Social Environment and Quality of Life
- Older Americans as a Growing National Resource
- Retirement Income
- Creating an Age-Integrated Society — Implications for Societal Institutions
- Creating an Age-Integrated Society — Implications for the Economy
- Creating an Age-Integrated Society — Implications for the Educational Systems
- Creating an Age-Integrated Society — Implications for the Family
- Creating an Age-Integrated Society — Implications for Governmental Structures
- Creating an Age-Integrated Society — Implications for the Media
- Creating an Age Integrated Society — Implications for Spiritual Well-Being
- Research in Aging

A listing of the members of each committee is in Appendix E.

The Technical Committee chairmen met as a group in June 1980 to discuss the charge that had been given them by the Secretary and to review the guidelines around which each Committee's report was to be developed. The guidelines included the following:

- Each Technical Committee should give attention to the special concerns and needs of racial and ethnic minorities, older women and men, rural and urban older populations, and the functionally illiterate; private sector as well as public sector aspects; intergenerational aspects (where appropriate); critical needs for new knowledge and improved uses of available knowledge; age discrimination; heterogeneity of the older population; and aging as a continuing process, variable at different stages in its impact on individuals.
- Each Technical Committee should seek to identify major critical policy issues, then focus on developing a small number of key policy recommendations.
- The reports should identify the basic needs and objectives that each recommendation is intended to meet. Short- and long-term objectives may be defined.
- All Technical Committee reports should be submitted to the Executive Director no later than February 1, 1981.

Each Technical Committee met about four times between June 1980 and February 1981. Draft reports were circulated by mail, and in some cases telephone conferences were used to facilitate review. Each Committee determined the method by which its report would evolve — some conducted public hearings, others had special background papers written, others scheduled speakers at their meetings. Each Committee prepared both an executive summary and a full report on the assigned topic, both of which were published and distributed to participants in the national meeting.

Mini-Conferences

One of the elements incorporated into the Conference process was a series of "mini-conferences" held throughout the country. Between September 1980 and March 1981, 42 mini-conferences were held under the cosponsorship of the 1981 White House Conference on Aging and one or more convening organizations. A list of the mini-conferences, with dates, locations, and key convenors, is in Appendix F. The mini-conferences were designed to explore, at the national level, issues of concern to particular interest groups and to provide information and recommendations supplementary to the Technical Committee reports and the State Conference activities.

Many of the topics for mini-conferences were identified by the Conference leadership; others were agreed on after review of requests made to the Conference office by groups interested in holding such conferences on particular subjects. While some Federal funds were available to help cover the cost of mini-conferences, convenors and sponsors contributed much of the funding and staff time.

The Conference office provided the following guidelines to the mini-conference convenors:

- Special interest groups were to assess issues from their unique perspectives and develop substantive recommendations related to the overall Conference agenda.
- The planning of the mini-conference was to involve both aging and non-aging national organizations.

- The agenda of the mini-conference was to be structured to allow open discussion by all participants and development of a group consensus on recommendations for the mini-conference report.
- Participation was to reflect leadership and grassroots groups, older persons, and minorities.
- A report on the mini-conference was to be submitted to the national office.

Program format, number of participants, and meeting duration varied among the mini-conference, as did the methods for choosing participants. Some convenors and planning committees extended invitations to selected individuals. Some selected participants on the basis of State residence and used formulas to determine equitable representation. Admission to other mini-conferences was by fee and pre-registration.

Some convenors distributed background papers to the invited participants before the mini-conference. Others used speakers to bring issues before the participants in plenary and workshop sessions. At least one mini-conference asked some participants to meet with service providers and older persons beforehand to discuss topics relevant to the agenda.

While convenors were required to have mini-conferences with a national perspective, some chose to meet this requirement by holding a series of meetings in several States instead of one central national session.

Selection of Delegates

Early in 1980 the Conference leadership established a range of 1,800-2,000 for the number of voting delegates and 1,500-1,800 for the number of observers at the national meeting. However, the totals changed somewhat as more information was gathered on the capacity of the meeting facilities, as better estimates of available financial resources to help with delegates' expenses were developed, and in response to requests for representation at the meeting by various organizations and Members of Congress.

Gubernatorial Delegates

The first decision on delegate selection was to allow State Governors to appoint 1,000 delegates, to be apportioned among the States on the basis of the population of residents 55 years of age and older, with a minimum of six from any State, the District of Columbia, or Puerto Rico. The five Trust Territories (Commonwealth of the Mariana Islands, Guam, American Samoa, Trust Territories of

Pacific Islands, and the Virgin Islands) were granted one delegate each from the initial 1,000 allocation. Later the Navajo Nation was also permitted to appoint one delegate.

The Conference leadership stressed that State delegations should represent certain population groups but left it to each State to determine its own method of selecting gubernatorial delegates. Governors were asked to meet the following criteria in their delegation:

- At least half of each State's delegation should be 55 years of age or older.
- At least half of each State's delegation should be women.
- Minority group representation in a State's delegation should reflect at a minimum the percentage of each minority group in the State's total population. (For this purpose minority groups were defined as blacks, Hispanics, Native Americans, and Pacific Asians).
- Urban and rural representation should reflect the same percentage of those populations in the State. (Urban population was defined as all persons living in metropolitan areas or in places with 2,500 or more inhabitants; population not classified as urban constituted the rural population.)

In addition to these specifications, Governors were also encouraged to give consideration to representation by low-income groups; the handicapped; national organizations; and a balance of professionals, laymen, and the public and private sectors.

Congressional Delegates

In late summer 1980 the decision was made to enable each Member of Congress in office on February 1, 1981, to designate one delegate to the 1981 Conference. The invitation was extended to all Members of the Senate and House of Representatives; Delegates from the District of Columbia, Guam, and the Virgin Islands; and the Resident Commissioner of Puerto Rico. Members of Congress were informed of the national goals on the profile of the conference's delegation but like the Governors were permitted to use their own discretion in selecting delegates. Every member of Congress participated, making a total of 540 Congressional Delegates. A large number of Congressional offices asked the Executive Director to consider the appointment of other identified constituents as delegates or observers to the Conference.

Executive Branch Delegates

The Secretary of Health and Human Services appointed 85 delegates and the Executive Director of the Conference appointed approximately 200. The Office of Public Liaison at the White House selected 50 individuals to be delegates.

White House Conference Committee Members and State Coordinators

In recognition of their expertise and in appreciation of their contributions to the Conference, State White House Conference on Aging Coordinators, members of the National Advisory Committee (except the two international representatives), and members of the Technical Committees were appointed delegates. Some members of the Committees declined due to other commitments, but a total of 157 delegates came from these groups.

National Aging Organizations

Many delegates were members of one or more national aging organizations, and several members of the Technical and Advisory Committees were board members or executive officers of such organizations. In early June 1981 it was decided to grant 75 delegate positions to the Leadership Council on Aging Organizations. Delegate status was also granted to any president or executive director of the 22 member organizations of the Leadership Council who was not already appointed by some other method; 29 delegates were added in this manner.

Another 18 delegates were appointed in response to requests by the National Farmers Union, Green Thumb, National Association of Area Agencies on Aging, and National Retired Teachers Association/American Association of Retired Persons.

About 75 national organizations wrote to the Conference office during 1981 asking for representation through one or more delegates or observers. The national organizations selected by the Executive Director to have one delegate include:

American Association of Colleges of Pharmacy
American Association of Junior and Community Colleges
American Association of Medical Colleges
American Council on Education
American Dietetic Association
American Medical Association
American Nurses Association
American Occupational Therapy Association
American Optometric Association
Coalition of Institutionally Aged and Disabled Persons
National Medical Association

Aging
DELEGATE

The Delegates' Views

What Do We Want to See Achieved at This Conference?

NEW YORK
Judith Winerman
#5 Health Care
"I hope for a feasible, rational and democratic-decided plan for the next ten years. As a young person, my interest is not just for the old, but for women and minorities in general, and for the coalition between the young and old."

MICHIGAN
Sister Agnes Thiel
#10 Education
"I would like to see more stress placed upon preparing older people for retirement; a good attitude toward the elderly in that regard is badly needed. Also, I would like to see those who serve the aged—doctors, nurses, etc.—understand more the aging process. Finally, seniors should be kept active and intellectually alive."

PENNSYLVANIA
Drexel Black
#5 Older Americans
"I'd like to see us come up with a program by which older people who don't want to retire can continue to work, full-time, part-time, or do even volunteer work. In this way, the older people are not left out of society, and do not suffer the stigma that can come with being old."

ALABAMA
Carlee Thomas
#9 Community Participation
"I fear I will come out of this Conference frustrated and confused. I only hope that the democratic process—government by, of, and for the people—will prevail at this Conference."

CALIFORNIA
Cruz Sandoval
#2 Economic Well Being
"It is important that this Conference find ways that the aged can both be helped and help themselves. Some of these ways are through involvement and volunteers who prosper and enrich themselves as well as help others."

MICHIGAN
Harold Schunk
#8 Housing
"Public housing should not be offered without strings attached. People in it should be required to take care of their homes. Also, I would like to see law and order on Indian reservations improved, especially for the older people; the young ones can take care of themselves."

NEW HAMPSHIRE
Sara Townsend
#1 Implications of the Economy on Aging
"I hope that in ten years there will not be a need for another conference on aging. The ultimate goal is to integrate all ages. People's needs are foremost in importance, not their ages."

Other Delegates
In August 1981 the Executive Director of the Conference granted delegate status to six members of the National Institute on Aging's National Advisory Council, thus increasing the representation of persons involved in or interested in research on aging. Delegate status was also granted to 25 representatives of business and industry and 15 representatives of veterans' organizations.

Characteristics of Delegates
About 53 percent of the delegates were women, 19 percent identified themselves as members of minority groups, and 17 percent represented rural areas.

Selection of Observers

The Conference leadership decided in December 1979 to appoint a group of official observers to the Conference in addition to the voting delegates. This decision arose from budget limitations in paying the expenses of delegates and the impracticality of allowing full participation to large numbers of individuals in a three-and-a-half-day national meeting. The "observer concept" for the 1981 White House Conference on Aging differed from the "alternate concept" of other White House Conferences. Unlike alternates, the observers played an indirect role in formulating the recommendations of the national meeting by participating under procedural rules in formal discussions, and influenced the voting delegates through informal discussions and meetings prior to the national meeting. Observers received official credential letters, committee assignments, and background materials similar to those provided the delegates. They were given assistance, if desired, in making lodging and travel arrangements, were registered at the national meeting, but received no financial assistance from the national office.

Gubernatorial Observers
Governors, who were invited to select the same number of observers as delegates, provided 1,000 observers. No criteria were established for the gubernatorial observers.

Executive Branch Observers
The Secretary of Health and Human Services appointed 75 observers, the Executive Director of the Conference appointed approximately 50, and the Public Liaison Office of the White House appointed 20.

Other Observers
In addition to delegates and under similar selection procedures, 25 observers were granted to the Leadership Council on Aging Organizations and 10 to the Association of Area Agencies on Aging. The National Conference of State Legislatures was also granted 10 observers. The following national organizations were granted one observer each:

American Association of Colleges of Nursing
American College of Physicians
American College of Nursing Home Administrators
American Physical Therapy Association
American Speech-Language-Hearing Association
B'nai B'rith Women
Friends United Meeting
Greek Orthodox Archdiocese of North and South America
Green Thumb
Lutheran Church in America
National Alzheimer's Disease and Related Disorders Association
National Association of the Deaf
National Council of Catholic Women
National Council of Churches of Christ in the U.S.A.
National Council of Jewish Women
National Farmers Union
National Federation of Licensed Practical Nurses
National Jewish Welfare Board
National League for Nursing
Salvation Army
Self Help for the Hard of Hearing
United Methodist Church Board of Discipleship

Characteristics of Observers
Nearly 53 percent of the observers were women, 14 percent listed themselves as members of minority groups, and 11.5 percent were from rural areas.

International Participation

International interest in gerontology grew during the 1970s, so that by the end of 1981 there were about 20 national gerontological institutes in member nations of the World Health Organization. In 1978 the General Assembly of the United Nations authorized a World Assembly on Aging to be held in 1982. Members of Congress, led by Senator Frank Church and Representative Claude Pepper, had introduced resolutions in 1977 asking the President to have the U.S. delegation to the United Nations work with other U.N. delegations to proclaim both a World Year on Aging and a World Assembly on Aging in 1982. While the efforts to

declare a World Year on Aging were unsuccessful, the World Assembly has been scheduled for July 26 - August 6, 1982, in Vienna, Austria. This authorization provided additional incentive for the White House Conference on Aging leadership to place special emphasis on international participation in the 1981 Conference.

The 1981 White House Conference on Aging was attended by 77 observers representing 46 foreign countries and the United Nations. These observers, whose names and affiliations are listed in Appendix I, were selected by a different process from that used for domestic observers. In late Spring 1981 the U.S. Department of State, on behalf of the Executive Director of the White House Conference on Aging, invited each country having diplomatic relations with the United States to participate in the Conference by designating an official observer. Forty-one individuals became international observers through responses to these invitations. Invitations were also extended to the directors of the 20 national gerontological institutes who would be attending a Washington gathering hosted by the National Institute on Aging at the time of the national meeting. Another 15 persons were made international observers because of their unique interest or professional affiliation in international gerontology.

The Shoreham Hotel in Washington, D.C., was the headquarters for the international observers during the national meeting. Staff support for the foreign guests was provided through a White House Conference on Aging office in the same hotel.

A special orientation for the international observers was provided at the time of their registration on November 27, 1981. The Honorable John W. McDonald, Jr., of the Department of State, Ambassador to the 1982 World Assembly on Aging, was Master of Ceremonies at the orientation briefing. Mrs. Constance D. Armitage, Chairman of the 1981 White House Conference on Aging, welcomed the observers, as did Mrs. Jane Maloney, Chairman of the National Advisory Committee's Subcommittee on International Observers.

Each international observer was assigned to one of the 14 Conference committees and participated in the sessions under the same procedural rules as the American observers.

After adjournment of the national meeting in the afternoon of December 3, 1981, Dr. Robert Butler, Director of the National Institute on Aging, chaired an informal debriefing session for the international observers.

Background Materials for Delegates and Observers

Delegates and observers received the following background information from the Conference office before the national meeting: executive summaries of 15 of the Technical Committee reports; the full Technical Committee report most relevant to the subject matter of the Conference committee to which the individual had been assigned; one or more mini-conference reports related to the committee assignment; and 10 mini-conference reports dealing with issues relevant to the work of all Conference committees (i.e., "cross-cutting" issues focused on the concerns of the elderly in specific groups: low-income, urban, rural, American Indians and Alaskan Natives, Pacific Islanders and Asians, veterans, blacks, Hispanics, and Euro-Americans).

Most State units on aging had mailed their State Conference report to their delegates and observers before the national meeting. Additional information for the participants was available in libraries at the two Conference hotels and included all State Conference reports, full reports of the Technical Committees, all mini-conference reports, technical and nontechnical papers on various aging topics published by the National Institute on Aging, and a White House Conference on Aging chartbook containing statistical and demographic data on aging in America. The libraries also provided documents prepared by the International Federation on Ageing; Gerontological Society of America; General Accounting Office; U.S. Office of Education Branches for Libraries and Adult Education; Federal Council on Aging; Travelers Insurance Companies; National Center for Health Statistics; and Community Services Administration.

Other Participation

The two years of preparation for the 1981 White House Conference on Aging saw much greater involvement on the part of Americans and their institutions than anyone had anticipated. In many ways, these "extras" created the spirit of the 1981 Conference.

State units on aging, area agencies on aging, and national aging organizations did far more than plan, convene, and participate in community forums, mini-conferences, and State conferences. They funded surveys, formed carpools, held bake sales, and wrote reports. State White House Coordinators and their staffs and volunteers worked early mornings, late evenings, weekends, and holidays to meet deadlines, set up meeting rooms, mail documents, arrange accommodations, and organize press conferences.

At the national level, aging organizations, other associations, and representatives of the private sector also did more than serve on Technical and National Advisory Committees or convene mini-conferences. They wrote, printed, and distributed special publications; donated funds to the Corporation for Older Americans; sponsored breakfasts to discuss committee structure; and conducted conference calls to organize coalitions.

Also, Members of Congress and their staffs did far more than nominate delegates and observers and conduct hearings. Congressional district offices convened community forums and distributed Conference background documents to constituents. Senators and Representatives gave speeches at State White House Conferences. Hundreds of phone calls and letters were exchanged between members of Congress, their constituents, and the national office to ensure dissemination of accurate information about the Conference.

At the Federal level, the Department of Health and Human Services as well as other departments and independent agencies participated in a variety of ways. The Interim Departmental Committee, explained earlier in this volume, was the beginning of these efforts. Other cooperation came in the form of interagency agreements; loans of staff and equipment; development of special publications; funding of mini-conferences, State conferences, and special studies; and provision of resource staff and speakers for meeting.

Not to be forgotten is the valuable service provided by the media during the period leading up to the national meeting. They ran public service announcements, broadcast panel discussions and interviews, made special films, and probed the issues.

These efforts on the part of our society's institutions were expected, welcome, and consistent with the purpose of White House Conferences. It was *individuals*, however, who made the difference. The knowledge, concern, and commitment of an individual participating in a community forum, writing a letter to a member of Congress, or volunteering to stuff envelopes for a late Friday night mailing typifies the spirit of the 1981 White House Conference on Aging.

Chapter 5

THE NATIONAL MEETING

As we have seen, the process of the 1981 White House Conference on Aging began with a societal mission established for the Conference under the leadership of Patricia R. Harris, Secretary of Health, Education, and Welfare. In the ensuing 24 months, the process itself led to further definition of the critical social issues to be deliberated on by participants in the national meeting.

Beginning with the community forums and continuing through the mini-conferences, Technical Committees, and State Conferences, certain themes began to emerge from the deliberations of hundreds of thousands of participants:

- Under what circumstances is government intervention in the lives of the elderly appropriate?
- How can we ensure financial and physical independence for the growing numbers of older Americans?
- How can we increase opportunities for the elderly to contribute to the Nation's productivity?
- How can we make our society's institutions more aware of the opportunities, challenges, and responsibilities presented by an aging population?

By the time they arrived in Washington for the national meeting, many of the delegates and observers had already been involved in the Conference process for two years in the pre-national meeting activities, and all had been provided with documents produced by those activities. Also, many delegates and observers had participated in activities convened by national organizations or their State and local chapters, other special interest groups, State units on aging, Area Agencies on Aging, or legislators. And many had received position papers or issues documents through mailings initiated by special interest groups.

It is with this background that the national meeting of the 1981 White House Conference on Aging opened in plenary session on the morning of November 30, 1981, with the theme, *The Aging Society — Challenge and Opportunity.*

The Conference Program

The national meeting was held at the Sheraton Washington Hotel and the Washington Hilton Hotel in Washington, D.C., November 29 - December 3, 1981. Two special meetings were also held for the international observers at their headquarters in the Shoreham Hotel. All plenary sessions and 7 of the 14 Conference committees were held at the Sheraton Washington, the other 7 Conference committees convened at the Washington Hilton. Both hotels had staff offices, press rooms, libraries, first aid centers, and registration booths. Both hotels were used to provide lodging for delegates and observers, and assignment to one or the other usually corresponded with the meeting place of an individual's committee. Shuttle bus service was provided to transport Conference participants between the three hotels.

The program for the national meeting consisted of opening and closing plenary sessions, two-and-one-half days of committee sessions, luncheons with speakers and entertainment, two evening buffet receptions, Tuesday evening dinner with entertainment at both hotels, and a closing banquet.

The Business of the Conference

The National Advisory Committee devoted much time and effort during 1981 to considering options for the national meeting, especially committee structure and rules of procedure. In the process it consulted with many groups, including those representing the concerns of minorities and women. These efforts contributed to decisions that provided much more individual delegate participation in the 1981 Conference than in any previous White House Conference on Aging. The official rules of procedure for the Conference are in Appendix J. Here are some of their major components:

- There shall be free debate and voting on all issues in the Conference Committees.
- Minority points of view, even those of a small percentage (10%) of a Committee, shall be included in the Committee Reports.
- A vote on all 14 Summary Committee Reports shall be taken in the final plenary session.
- Each delegate and observer shall have an opportunity, soon after the Conference, to register personal judgment on every recommendation, supplemental statement, and additional view from every Committee.

The rules of the Conference also provided for a Credentials Committee, appointed by the Conference Chairman from among members of the National Advisory Committee, to resolve disputes over the credentials of any delegate or observer. This committee, chaired by Dr. Forrest James Robinson, met whenever necessary during the national meeting. Other members of the Credentials Committee were G. Richard Ambrosius, Robert P. Bynum, Jacob Clayman, Agnes Dill, Daniel T. Gallego, Jane D. Maloney, Marines N. Nikitas, Walter Julian Oldham, and Ellen D. Winston.

The Conference participants made their deliberations in 14 committees, each one dealing with a specific subject area. The committees, which met on Monday, Tuesday, and Wednesday (November 30 - December 2), were:

Committee on Implications for the Economy of an Aging Population
Committee on Economic Well-Being
Committee on Older Americans as a Continuing Resource
Committee on Promotion and Maintenance of Wellness
Committee on Health Care and Services
Committee on Options for Long-Term Care
Committee on Family and Community Support Systems
Committee on Housing Alternatives
Committee on Conditions for Continuing Community Participation
Committee on Education and Training Opportunities
Committee on Concerns of Older Women
Committee on Private Sector Roles, Structures, and Opportunities
Committee on Public Sector Roles and Opportunities
Committee on Research

Each delegate and observer was assigned to one of the 14 committees for the duration of the national meeting. The assignments were made by the Executive Director, taking into account the following factors: the three committee preferences of an individual, when known; proper representation of women, minorities, and State residents on all committees; and the capacities of meeting rooms.

Identification badges issued to the 2,200 delegates and 1,150 observers at the time of registration indicated committee assignments and distinguished delegates from observers. Seating in the committee and plenary session was by delegate or observer status.

Visitors were admitted to the committee sessions when space was available and were allowed to mix with the delegates and observers throughout the national meeting. Staff of many of the State aging offices and national organizations attended the national meeting to provide support to their official delegations.

Each committee was served by a secretariat consisting of a staff director, assistant staff director, parliamentarian, sergeant-at-arms, resource experts, and clerical staff, all of whom were appointed by the Executive Director.

Committee chairmen had the authority and responsibility to ensure that motions presented were germane to the assigned subject area. Where appropriate, and in the context of their subject, all committees were to address the following issues of general concern:

- Special needs of minorities
- Needs of low-income elderly
- Differences in urban and rural needs
- Needs of elderly who are or will be frail or disabled
- Access to services
- Private and public sector roles
- Sources and methods of financing services
- Implementation plans for the Committee's recommendations
- The role of older Americans themselves in influencing change so as to realize their expectations

When each committee met for the first time on Monday afternoon, November 30, the first order of business was two presentations by recognized authorities in the committee's subject area.

Any delegate could present recommendations for consideration by a given committee, and equal time was required for pro and con statements on motions. Observers were permitted to address a committee, subject to the normal rules of debate and as time permitted, but only official delegates could vote on motions, and a majority vote was needed to carry a motion as a recommendation. Each Chairman was required to include all supplemental and additional views in the Committee's report. Supplemental statements were defined as representing the views of at least 20 percent of a committee's delegates and additional views represented at least 10 percent of the voting members.

The committee chairmen presented the Conference Chairman both a summary report and a full report on the recommendations, supplemental statements, and additional views of their com-

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mittees (the reports of the 14 committees are in Volume 3 of this report). Copies of all summary reports were presented to delegates and observers at the closing plenary session of the Conference on Thursday, December 3. Under the rules of procedure, the Conference Chairman was required to call for a vote from the delegates on their acceptance of all reports. The Conference accepted the Summary Reports at that session.

During the third week of December the full reports of all 14 committees were mailed to the delegates and observers, giving them the opportunity, as set forth in the rules, to register their personal judgments on every recommendation, supplemental statement, and additional view. The data from this survey are analyzed in Volume 3 of this report.

Chapter 6

MAJOR ADDRESSES OF THE 1981 CONFERENCE

Welcoming speeches to the delegates and observers were presented by Chairman Constance D. Armitage, Department of Health and Human Services Secretary Richard S. Schweiker, Senator John Heinz, Representative Claude Pepper, Senator Lawton Chiles, Representative Matthew J. Rinaldo, and Dorcas R. Hardy, Assistant Secretary for Human Development Services. The keynote address was delivered by Lennie-Marie P. Toliver, Commissioner on Aging. On December 1, the second day of the Conference, President Ronald Reagan and Vice President George Bush spoke to the participants. The full texts of these addresses are presented below.

Address by Constance D. Armitage, Chairman of the 1981 White House Conference on Aging

Welcome to the Third Decennial White House Conference on Aging! We meet at a time in our Nation's history when one of every nine Americans is 65 and over — a time when older Americans are increasing at a more rapid rate than ever before.

Since 1900 the number of older persons has increased eight times — from 3 million to more than 24 million. Today this population represents 11.2 percent of our total numbers. Each day this group grows by an additional 1,600 persons. By the year 2000 — less than two decades from now — older citizens will represent 32 percent of our national population.

This demographic pattern towards an older population transcends national borders as the number of older persons will increase worldwide in the next two decades. In developing countries the number of older persons will almost double by the year 2000.

Higher proportions of older persons can be found in the more industrialized nations of the world. Japan, for example, has an older population of 8 percent. In Sweden and West Germany this proportion reaches 13 percent.

Thus the "graying of America" proceeds at a greater pace as the graying of the rest of the world goes on, too.

Our meeting here this week is more than propitious. It is crucial and it is urgent.

Our mission in the next several days is to address issues of significance to this age group. Our goal is to focus on issues of concern to those over 60. Our aim is to identify and outline ways in which the quality of life for this important segment of our population can be enhanced and improved.

This is no small task, as you and I know. For unfortunately we tend to be a Nation that glorifies youth at the expense of "forgetfulness" about the vast resources of our older, more experienced individuals. We must seek here to alter this national attitude, for if we do not count in the minds and hearts of our country we will not be counted in this Nation's social policy and planning.

Americans must be reminded that its people are its greatest national resources and that the worth and value of that resource knows no age or time boundaries. As Fernando de Rojas would remind us: "No one is so old he cannot live another year."

We have before us one of those very sacred opportunities afforded us by our very democracy — the right to assemble and to speak on the issues that concern us. I hope that you view your participation as a sacred trust and that you will contribute in kind.

While your participation is important and valuable, I hope it does not end here. For you have much to contribute beyond this conference—both as a citizen and as an older American.

Facing us all is a full agenda. It is your task to help us find ways to provide necessary services and opportunities for our older citizens at a time when our economic resources must be wisely used. We must find new and better ways for older Americans to utilize their experience and wisdom to assure them lives of happiness, dignity, and fulfillment.

We live in an era when millions of our older citizens have chosen to remain active and productive. Some, though retired, have learned new skills and are engaged in second careers and even in third careers. Many, many more are making their contributions through various kinds of volunteer effort. As we strive to meet our current national economic challenges, these volunteer efforts will become even more important.

Your contributions in this arena become even more crucial. How we harness these magnificent resources and this tremendous human vitality is equally pressing.

While we strive to ensure that vigorous older Americans will have the opportunity to remain active we must keep in mind Psalm 71:9:

> Cast me not off in the time of old age;
> Forsake me not when my strength faileth.

We must never forget the plight of those who are ill or infirm. We must be concerned with programs that aid those elderly citizens who are in need and see to it that our economy will remain strong enough to support them.

At the same time we must not ignore the area of health and health-related social research. Just as important, we must identify the social models for the elderly that work, and seek to share them with those who are struggling through their later years less successfully.

The questions we seek answers to are many. How should the "graying of America" affect our families, our economy, our educational system, our work force? How can we enhance the extra years of life bestowed on us? How can we tap the experience and skills of this newly vital segment of our society? In short, how indeed can we add glitter to those golden years?

These are but a few of the crucial questions we will be discussing this week. I seek your cooperation in working constructively in developing some of the potential answers to these issues as we meet on the important subject of The Aging Society: Challenge and Opportunity!

Address by Richard S. Schweiker, Secretary of Health and Human Services

It's a pleasure to address the opening session of this historic 1981 White House Conference on Aging.

First of all, I would like to thank you, the delegates and observers to this Conference, for giving of your time to help develop national policies to improve the quality of life for our Nation's growing population of older Americans. I hope I can help set a positive, constructive tone for your work.

Before I begin, some other thanks are in order. Many people have worked hard to bring about the success of this Conference. I want to take a moment to thank Connie Armitage, the Conference Chairman and Chairman of the National Advisory Committee. I also want to thank Dave Rust, who served as Executive Director until October 2, when

I promoted him to the position of Deputy Commissioner on Aging, and Betty Brake, who took over as Executive Director and worked inexhaustibly during the last hectic weeks of conference planning. I commend and thank the State Coordinators for their dedicated efforts in organizing the State Conferences and in helping prepare for this Conference.

I'd like to thank the 54 distinguished Americans on the National Advisory Committee, who gave so generously of their time in planning this Conference. Several members deserve special thanks for taking time to meet with me recently. These include J. Glenn Beall, a former colleague of mine in the U.S. Senate; Arthur Flemming, a former Secretary of my Department; Dr. Ellen Winston, President of the National Council on the Aging; and Jacob Clayman of the National Council of Senior Citizens, whom I came to know well during my service in Congress, when he was a top assistant to the late AFL-CIO President George Meany.

Special thanks are also due to the Honorary Co-Chairmen that I appointed: John Heinz and Lawton Chiles from the Senate Aging Committee, and Claude Pepper and Matt Rinaldo from the House Aging Committee. Their strong interest and support have been a positive force for a constructive conference.

The 1981 White House Conference on Aging couldn't be more timely. Medical, scientific, and social advances have blessed our people with longer, healthier lives. Older persons are the fastest-growing segment of our population. As America grows older, we require nothing less than a rethinking of attitudes.

You can build a strategy this week, not only for coping with aging problems, but also for taking advantage of the promise inherent in the world's growing elderly population. I say "promise" because what we seek is not just longer lives, but fuller development of a priceless resource — our older citizens.

As a society, we must seek better use of this rich resource. No energy source, no tool, no economic asset can equal the potential strength of our older citizens. If modern society ignores or shunts aside this valuable resource, it will do so at its own peril, and to its own loss.

For years, it's been common for historians to describe our world as "coming of age" in one sense or another. We've come of age in technology. We've come of age in medicine. We've come of age in politics.

A gathering like this today shows that the physical "coming of age" of our population is now

being recognized for what it is — a watershed in our Nation's history.

In the week to come, you'll recommend national policies to deal with what may be the most profound sociological trend of the coming years — the "graying" of America.

It's a tremendous job. But how often do you get a chance to help write American history? Millions of Americans are counting on you for good ideas and answers.

A quick review of the facts gives us a good perspective on the importance of your challenge in debunking the old myths about aging and developing a new strategy.

Here in the United States, we've been infatuated with youth for so long that even today some people, especially in other nations, think of us as being a perpetually young society. After all, we enjoy dazzling conveniences, we work hard, we play hard. Our Nation has a restless young pioneer tradition. Our young people set worldwide standards for what's "in" and what's popular.

Myths about aging are all too common. A new Harris poll released two weeks ago suggests that older Americans are far more resilient and able to stay independent than many people realize.

Although the United States is more than two centuries old, it was only when we turned the corner into the 20th century that America began to "gray." It took a while for it to become evident, because so many exciting technological breakthroughs were happening that almost seemed to contradict the aging process.

During the horse-and-buggy days there were fewer than 5 million older Americans. A husband and wife could expect that one of them would probably die before their last child left home. The graying of America was the last thing on anybody's mind. How could it be otherwise, when average life expectancy was a mere 47 years?

As a nation, the United States is now into its first full generation of older people. Our once-small number of 5 million older Americans has exploded to 34 million. A husband and wife at age 60 today can fully expect to spend their next 17 years together.

Just last year another milestone was reached. For the first time, Americans over 60 surpassed in numbers those in two other age groups — children 10 and under, and youngsters between 11 and 19.

The graying of America is going to accelerate. By the year 2035, although the general population will have grown by only 35 percent, persons over 65 will grow by 119 percent — more than double. Persons over 85 will grow by 206 percent — more than triple.

As head of the U.S. Government's "People Department," I know how profoundly this aging trend will affect the Nation in coming years. I realize questions must be answered:

How will it affect job opportunities and our consumer marketing system? How will it affect education and government. How will our health care institutions handle tremendously increased demand for services?

How can we change the very definition of "elderly," as the entire population grows older? How can we enhance the extra decades of life Americans will be living? How can we learn more about the aging process itself?

Most important of all, how can we tap the skill and experience of our older citizens so they'll serve as an even more productive force in our society?

I know all of us share the belief that we *can* find bold new ideas and bold new answers. We need not fear the aging trend.

As I look at the issues, my own starting point is the idea that older Americans have a great self-pride, that they far prefer independence when given a chance. This philosophy of independence, for example, underlies our goal of helping the elderly avoid unnecessary institutionalization. Newly-passed legislation now lets the States seek Medicaid waivers for cost-effective home and community-based long-term care services, like home health and adult day care, instead of institutional care.

The Department of Health and Human Services is also conducting research in several States to compare the cost of home and community care with nursing home care. We're trying to find the most effective ways of providing services to the frail elderly at home. We want to encourage the development of a mix of long-term care services, so that those who need care obtain it in the most appropriate setting.

I might add that one positive force making independence a reality for many elderly since 1965 has been the Older Americans Act. By providing services like transportation, meals, counseling, and home health care, the Act has allowed many older Americans to live richer, happier lives in their local communities. This Administration believes it should be continued and improved, so we're supporting reauthorization of the Older Americans Act.

Another source of independence for older Americans is retirement security. We believe the starting point here must be reducing inflation. Inflation is cruelest to the elderly on limited and fixed incomes; President Reagan's economic recovery program seeks to reduce the menace of inflation.

Income security for the elderly is a basic commit-

ment American society made nearly a half century ago. There were a lot fewer older persons then, and a lot more workers to support each retiree. Today, 36 million Americans receive monthly Social Security benefits. Nearly $11 billion in benefits are paid every month.

Over the past decade the basic Social Security system has faced growing financial difficulties, and the graying of America will put an increasing burden on the system's ability to pay.

This Administration believes we must safeguard the system for present and future retirees. Toward that end, President Reagan recently proposed the creation of a bipartisan panel to look for ways of saving Social Security and keeping it strong. It's our hope that a bipartisan spirit of cooperation will prevail in this critical issue, and that together we'll find the best way of preserving Social Security.

As we seek a firm foundation for retirement planning, we can be heartened by recent tax changes that will make it easier for Americans themselves to plan and save for their later years. For example, we've raised the tax exclusion available to people over age 55 who sell their homes, and we've made it possible, starting January 1, for individuals to make deductible contributions to individual retirement accounts, even if they also belong to employer-sponsored plans.

In addition, we've reformed the estate tax law so that a spouse can now pass along a home to the surviving spouse without a tax penalty. This will be a big help, especially to many older women.

Now let me turn to an area that probably has more influence on the quality of life for older Americans than any other — health policy.

As you've all seen, Americans are in the middle of a fitness explosion so big it was even the subject of a *Time* cover story. We have a golden opportunity to build on this encouraging trend by focusing our efforts where they'll do the most good, namely on preventive health — "wellness" — for the elderly. A lot of public education is needed. Good health — fitness — is not an exclusive possession of youth.

Research has found that many killing and crippling diseases like heart attack, stroke, and kidney and bone diseases can be prevented by personal efforts without any massive infusion of Federal funds or new scientific breakthroughs.

In fact, studies show that most people make daily decisions that influence their health and vitality more than all of 20th century medicine. One of the most renowned studies was conducted by Dr. Lester Breslow of UCLA. It took place in Alameda County, California, lasted some 10 years, and involved a scientific sample of more than 7,000 adult men and women.

The study showed that by observing a few simple health practices — not smoking, using alcohol only in moderation, eating breakfast and a proper diet, maintaining proper weight and getting the right amount of sleep and exercising regularly — a 45-year-old man can expect to live 10 or 11 years longer than one who doesn't make these choices. Women who observe these same health practices can expect to live 7 years longer.

The point is what we do for ourselves and to ourselves can be a powerful influence on our health — how long we live and how happy those extra years are.

Unfortunately, some other Americans have been given the impression that their health is at the mercy of biology or solely in the hands of their doctor. Many believe their health destiny is beyond their control. That needn't be the case.

Historically, we've focused on acute health care — treating people after they get sick. But now at HHS we're focusing on prevention of illness — a priority of mine for many years as a legislator. We've developed a preventive health services block grant. We're initiating prevention-oriented training programs for health professionals. We're encouraging the food industry to continue improving consumer labeling of food content so people can regulate their consumption of various ingredients, such as sodium, which can affect their blood pressure and their health. And we're stepping up our health promotion media education efforts.

Wellness can be as obvious as calisthenics, as simple as walking, or as easy as eating a proper diet. The benefits aren't limited to the young.

We're going to make the '80s a decade when achieving wellness becomes as important as treating sickness. At the same time we're going to find ways of controlling health care costs, which have risen faster than inflation for years. We're looking at ways to encourage competition in health care, to give consumers more choice and keep costs down.

Finally, let me say a word about volunteerism and the private sector. Last month, President Reagan made an eloquent appeal to redouble the volunteer spirit that's been part of American tradition since pioneer days.

We know that elderly citizens can benefit from such a resurgence of volunteerism; many elderly Americans have been participating in it for years. In local communities across America, older citizens are active in a host of familiar programs, like Foster Grandparents or Neighborhood Watch programs to reduce crime. These efforts are efficient

and sensitive to local needs. As many of you know from personal experience, volunteerism works.

The private sector can be a driving force in finding new, imaginative ways to serve older Americans and to use the talents of older Americans. The same forward thinking that's creating employee wellness programs at the workplace can also come up with other new ways of keeping older workers and retirees as useful, valued producers, according to their abilities, not their years.

In other words, chances for progress are as great outside government as in.

During the next few days you'll talk about these and a host of other issues that would take all day just to list. You'll not take a fearful attitude, as if growing older were a curse. Nor will you take a patronizing attitude, as if growing older were a condition to be looked down upon. This Conference can set a positive example for millions of your fellow Americans, old and young alike.

Last Thursday we celebrated Thanksgiving — a uniquely American holiday. On its face, it was a day of thanks for our Nation's extraordinary bounty. But underneath it was also a warm, very human celebration of the family and generational ties that bind us to our loved ones.

At times like Thanksgiving, age labels melt away. Across the dinner table, we see not members of an age class, but fathers and mothers, grandparents, family members, close friends. At times like that, we're instinctively reminded that none of us stands apart from the current of time.

We can relearn compassion on such occasions. The dignity that should be a natural part of aging can become more real at such times.

Let's proceed today in that spirit. When all is said and done, much of the trial of old age comes down to older people's struggle to maintain their dignity. Let's do what we can to safeguard that human dignity.

Progress can no longer be measured merely by adding years to the human lifespan. We've already done that. Longer lives alone can't bring dignity, or security, or happiness to human beings. With your help, we'll measure our future progress by how well we add to the quality of life *within* that longer lifespan.

Together, let's build that quality of life at this White House Conference.

Thank you very much.

Address by U.S. Senator John Heinz

It is a privilege to share this podium with not one, but two former colleagues, Dick Schweiker and Claude Pepper. And it is a high honor indeed to address this great Conference. The 1981 White

House Conference on Aging could not convene at a more critical time, and the issues you must address are far more difficult than those that confronted your predecessor Conferences.

The 1961 and 1971 White House Conferences on Aging produced dramatic change on behalf of our elderly. The 1961 Conference addressed urgent basic needs and resulted in the creation of two major programs to improve health care for older men and women. Today, 95 out of every 100 older Americans benefit from Medicare and some 4 million older people with low incomes benefit from Medicaid.

The 1971 Conference looked beyond basic survival needs and urged services to strengthen the independence of older people in the home and community. The result was the Older Americans Act Amendments of 1973, vastly strengthening services, and the addition of Title XX services to the Social Security Act. In vesting virtually all service delivery responsibilities with States and local government, the initiatives of the 1971 Conference were years ahead of their time.

These Conferences literally pioneered public policy for older Americans. You are expected to chart no less ambitious a course, but you are here in much more difficult circumstances.

1961 and 1971 were times of economic plenty. Inflation was minimal. The labor force was growing and better paid each year. Productivity was increasing at 3 percent annually. The American standard of living was increasing each and every year. And it was politically popular, as well as morally right, to ensure that every American received a reasonable share of that real economic growth.

Today we face a more hostile world. We have experienced no real growth for the last five years. We have just experienced for the third time in the last two years interest rates of over 20 percent, with all the unemployment and hardship that this implies. And we are in the midst of a deep recession.

And yet today, as this White House Conference on Aging begins, I want to suggest to you that this Conference perhaps holds the key to both the material and spiritual revitalization of America.

I believe you will agree that the central challenge to this Conference is not just to ensure economic security or adequate health care or services — important as these are — but to recommend and embrace policies designed to endow older men and women with more genuine opportunities for self-fulfillment.

Let me explain why I believe that meeting this challenge is the key to realizing a better America. Everyone here is aware that the age distribution of the population will be shifting dramatically over the coming decades. The financial difficulties Social Security faces in the future are a direct result of the expected larger percentage of older persons in our population. But the aging of our population alone does not define the challenge. First, we must understand the implications of these changes for our continued economic well-being.

Our standard of living is the product of the number of people in the work force times what the economists call "productivity" or "output per man-hour," divided by our population.

The population of the United States is expected to increase 15 million this decade and 10 million in the 1990s. So the only way we can maintain or increase our standard of living, without unprecedented increases in productivity, is to continue to increase the size of our work force. The largest single group of people in our work force, comprising about 70 percent of those with jobs, are those who are 44 years of age or younger.

The striking fact is that by the end of this decade, that group will stop growing and actually start declining in numbers.

What that means is that we, as a nation, will continue to grow and prosper only if able-bodied, healthy Americans who today are in their late 40s or 50s or even early 60s have the opportunity and incentive to work and to fully and freely participate in our society.

I suggest, therefore, that the ability of this Conference to promote the greatest use of the talents, skills, and experience of this future group of older persons will be vital to our Nation's continued standard of living — and our efforts to maintain and improve upon all we have tried to do for people.

The Special Committee on Aging has made a particular effort to examine the full implications of this significant change in many critical areas of public policy affecting the elderly. As Chairman of the Special Committee, I have directed our efforts into three areas that I believe will be of special interest to this Conference.

First and foremost is economic security. When we speak of self-fulfillment or increasing areas of choice for the elderly in the future, we cannot forget the role economic security plays in making choice possible. Through Social Security, we have established a solid foundation for young and old alike to achieve economic security in their later years. To assure these choices remain in the future, the important role of Social Security must be maintained.

In the short run, Social Security has encountered financing difficulty because the economy has failed

to continue growing. In the long run, a mounting deficit is expected because Social Security will have to support a higher proportion of retired persons on a smaller base of contributing workers.

I suggest that this Conference must be willing to face squarely all serious proposals for a solution. According to the conventional wisdom, there are three basic options — none necessarily exclusive of the others — but nonetheless only three: increase payroll taxes, reduce benefits, or finance the deficit through general revenues. None of these options is popular.

For example, some suggest financing the OASI deficit out of general revenues. But the problem is that we have no surplus of general revenues, only deficits. Sadly, we have had budget deficits in each of the last 12 years and in 23 of the past 25 years. And the future outlook is no better. Any proposal along these lines must take these realities into account.

We need to look beyond the conventional wisdom for new and better ideas.

For example, a different approach to controlling Social Security costs is the Social Security Option Account, where all workers would continue to pay Social Security taxes but those who chose to reduce their future Social Security benefits could contribute a portion of their wages to an IRA-type of Social Security Option Account. The result would be less future payments, the same revenues, and a fiscally sounder trust fund.

There may undoubtedly be other and better options. We look to the wisdom of this Conference to make the kind of recommendations that will help us restore fiscal stability and confidence in the Social Security system.

The second issue of major concern is health care. Despite the vast improvements that have resulted from Medicare and Medicaid, many elderly people cannot afford the care they require — or they are unable to obtain the level of care they need. The health care system must be reformed to make it more responsive and less costly.

We must deal more creatively with the problem of cost. The cost of Medicare is doubling every four years, not because older people are getting more care or better care, but because the price of the same care has risen dramatically. Some people suggest that the way to hold down health care costs is to simply ask the elderly to pay a larger and larger share of the cost. Such simplistic suggestions will do nothing to halt the runaway inflation in health care but will penalize the poorest and should be rejected. Instead, we need to find effective means to thoroughly reform the health care system in a way that improves consumer choice and provides the incentive for the efficient delivery of only quality health care.

One way to do this is by permitting Medicare to pay the cost of enrollment in health maintenance organizations and other prepaid health plans that offer the same or better benefits as Medicare, but at no more or lower costs.

The other major health care issue of the future we must address is long-term care. Public and private spending on long-term care was $10 billion in 1975 and rose to nearly $21 billion in 1980. It is expected to double again by 1985.

In part, our present reimbursement policies under Medicaid have produced a system that too often results in institutional placement that is unnecessary, expensive, and isolates people from their families and communities.

As this Conference examines more suitable delivery systems for continued care of the elderly in their homes, I hope you will look carefully at what we call "Title XXI," the proposed legislation to amend the Social Security Act to open up new options in long-term care.

I also hope you will give consideration to something I favor, namely, providing tax credits to families who care for chronically ill members at home.

Our health care system needs restructuring to provide alternatives and choices. It must become more responsive to the unique needs of our expanding older population. Restraining spiralling costs will help end the threat to the future of these important programs and begin a new chapter of hope for older Americans.

The third major issue is the need to expand employment opportunities for older people. As I mentioned earlier, our failure to do so will not only jeopardize the financial underpinnings of the Social Security system, but strikes at our standard of living and our way of life.

Part of the problem is that we are plagued by barriers that discourage and deny older men and women the opportunity to continue working, such as age discrimination, mandatory retirement, and inflexible employment practices.

We must strengthen our resolve to shatter these barriers. We must alter negative attitudes. And we must provide increased incentives for continued employment of those who today would normally retire.

We have witnessed the success of the Senior Community Services Employment Project under the Older Americans Act. We must move that successful concept into the private sector as well. Business, large and small, must be educated to see older workers for the valuable resource they are.

They must be encouraged to expand options for older workers, including second career and retraining programs, job sharing, and part-time and flexitime work schedules.

Finally, we must provide incentives to employees to continue to work. For example, the Social Security earnings limitation, as it stands today, represents an unfair and needless deterrent to older workers. Another incentive would be to substantially increase the "delayed retirement credit" by, say, doubling it to around 6 percent.

In sum, what I urge you to emphasize are strategies of choice, opportunity, and self-fulfillment that will empower older Americans to act on their own behalf. Our society needs the talents, skills, and experience that older Americans want to contribute. To ignore this is to impoverish ourselves, young and old alike.

At the same time, we must make a commitment to an equally difficult task. That is to destroy the stereotype that older people are somehow a burdensome, dependent, unproductive segment of our society.

How did we, as a Nation, allow this stereotype to develop? In the world of work, we have propagated the myth based on early retirement plans designed to make way for younger workers, and thereby fostered a view of all Americans, as they approach 60 or 65, as nonproductive and not useful.

In the home, our increased mobility has divided families geographically, too often leaving older persons isolated and viewed as a burden rather than an integral and valuable part of an extended family.

And, in the political arena, I believe there are too many politicians who want the elderly to feel dependent on their largesse.

To be honest about it, my fear is that too many of our older people have accepted and internalized these attitudes.

More than 150 years ago, Daniel Webster said:

> Let us develop the resources of our land, call forth its powers, build up its institutions, promote all its greatest interests, and see whether we may also, in our day and generation, perform something worthy to be remembered.

I believe this Conference has the opportunity to perform something worthy to be remembered.

I believe that now is the time, once and for all, to shatter the hideous and debilitating stereotype of ageism that creeps into every facet of our lives.

In your collective efforts at this great Conference, I urge you to give particular emphasis to

altering this attitude. For it is the perpetuation of this myth that has denied older Americans a meaningful role in contributing to the greatness of this Nation. And has denied to this Nation a rich and irreplaceable human resource.

The dreams and aspirations of older Americans have been and continue to be those of our country. It is the great challenge to this Conference to translate those hopes into a national agenda.

It is my hope that when the next White House Conference on Aging convenes in 1991, the participants will see the 1980s as a decade of decisive action that enabled older Americans to realize and claim their full measure of America's dream.

Address by U.S. Representative Claude Pepper

Madam Chairwoman, distinguished guests, my friends and fellow Americans: I am very grateful to you, Mrs. Armitage, for your kind words of introduction and especially grateful for the privilege of sharing the exhilaration of this occasion with all of you. I am very happy to be able to share the occasion with my distinguished colleague in the Congress and friend, Senator Heinz. He was a dedicated and distinguished member of the House Select Committee on Aging. We like to think that we gave him good training over there for the leadership he has in the Senate on the Aging Committee. He is doing a very fine job on that comparable committee in the Senate. Some people call it the Upper House; we in the House call it the "Other House."

I heard a story one time about a Congressman and a Bishop who went to Heaven at the same time. They arrived at the Pearly Gates and St. Peter met them and said, "Gentlemen, come in and I will show where you will live here." Shortly he opened a door and said to the Bishop, "Mr Bishop, this is where you will live." The Bishop walked in and noticed it was a small room with no view, but he thought that was what everyone was supposed to have and he thanked St. Peter. St. Peter said to the Congressman, "Mr. Congressman, you come on down a little further." He opened another door and he said, "This is where you will live." The Congressman walked in, and it was a spacious, beautiful suite with a lovely view. "Why," he said, "thank you so much St. Peter, I am very grateful to you."

Meanwhile the Bishop had become a little suspicious as to whether or not St. Peter was going to give any preference to the Congressman in accommodations. So at the first opportunity the Bishop slipped up and peeped in the Congressman's suite, and lo and behold, he saw that big, beautiful suite with a wonderful view. Well, it burned him up. All his religious fervor turned into moral indignation and he rushed down looking for St. Peter, and he said, "Listen, St. Peter, I hate to start my career here in Heaven complaining about my accommodations, but you just haven't treated me right. I spent nearly all my life down on earth working for the Lord and the Church. Now I come up here and you give me a cubby hole and you give that Congressman a big beautiful suite. That just isn't fair."

St. Peter tapped the Bishop on the shoulder and said, "Bishop, don't feel that way about it. You know there are Bishops all over Heaven, but that's the first Congressman we've ever had!"

It's great to look out over this wonderful audience and see all of you wonderful people come here together from all over America to talk about a longer, healthier, and happier life for our fellow citizens who have had God's blessings to enjoy a longer life. There are all sorts of things that we are interested in: housing, nutrition, transportation, recreation, and others that you are familiar with. I want to speak about three aspects of living that are a matter of concern for us all.

Now, I'm not able to claim fellowship with you — I'm only 81 — but I might get old sometime, and if I do, I'll try to read up on the subject and be a little familiar with it.

First is what I call the right to live and the right to work. You remember when the Lord gave the Ten Commandments to Moses on Mt. Sinai, one of the Commandments, the fifth one I believe, was "Honor thy father and thy mother." I think He was talking about the elderly of the land. And He not only said "Honor thy father and thy mother," there was an implied promise of blessing to those who did, for the remainder of the Fifth Amendment, ah, Commandment (laughter), reads — We're often more familiar with the Fifth Amendment than we are with the Fifth Commandment — the promise was that "thy days may be long upon the land which the Lord thy God giveth thee."

And yet what happened? Up until 1978, when we in the Congress proposed and the President signed the legislation forbidding mandatory retirement for those employed in the Federal service at any age and for non-Federal employees under 70 (except in a few instances), it was the practice all over America to throw a man or woman out of employment at the age of 65 for some imaginary reason. Nobody ever explained exactly why.

In the Rose Garden, when President Carter signed our bill, he asked me to say something. I said, "Mr. President, today is a day of exhilaration

for millions of our fellow Americans, for henceforth on account of this legislation, when the Lord blesses a man or woman with a 65th birthday, it will not be the death day of their working lives."

Now, what we are striving toward, and what I hope will be the judgment of this great Conference, is to eliminate altogether any kind of a ceiling on age as the criteriion of employment. Ageism, we say, is just as odious as sexism or racism, both of which have been outlawed by this land.

Chronological age has nothing to do with an individual's abilities. I have often recalled one of the most graphic examples I know of. You saw in the paper a year or two ago the story of a lovely little girl, five years old, who was dying of old age. She was aging at the rate of about 12 or 14 years every 12 months. The mechanics of her body were somehow out of adjustment and the aging process was unduly accelerated. So, some people get older at a younger age while others remain vigorous and useful at an older age. It is just like the color of the eyes or the color of the hair. Age has nothing to do with it.

We need to have employment for the elderly people of this country. We had before our Committee recently some of the outstanding business executives of the Nation. And they told us how, more and more, they were beginning to keep their elderly employees because of their confidence in them, because of their proven ability, because of their responsibility, and because of their punctuality. And they told us further that by the 1990s the colleges and universities are not going to be turning out enough technicians to man the industry of America. More and more, they were going to have to count on the retention of the elderly of great skill that they already have, the people with a proven record.

Furthermore, we all know what ageism does to the individual. I was 61 years old when I was elected to the House in 1962. My birthday is September. I am morally certain that if I had been denied the privilege of work, of engaging in challenging activities, of having the sense of trying to do something meaningful with my time and for my people, I would have been gone long ago.

So we know it is not only good for America, it is good for the individual to have the privilege of continuing to work as long as he desires to. It has two advantages: one, there can be an arrangement where you'll derive your whole Social Security benefit without any reduction if you work. The President in his campaign proposed that. I hope he will be proposing it to Congress at an early day, so when you come to be 65 you can get your Social Security benefit and earn all you want without any reduction in that benefit. But if you aren't able to do that, you'll be able to share your job with somebody else so you can take it a little easier and engage yourself in other things.

Another thing of vital concern to the elderly people of this country, of course, is their health and the medical care to sustain it. You remember the 1961 White House Conference on Aging produced Medicare, and the '71 Conference produced what we know today as the Older Americans Act. Meaningful contributions. We hope and pray that this great Conference will go even beyond those accomplishments and produce something even more meaningful to the elderly people of America. I hope God will bless you to accomplish that.

Medicaid and Medicare are so meaningful to so many of our fellow citizens, yet Medicare, as you know, pays only 38 percent of one's medical bills. So it seems to me we can't afford to talk seriously about cutting the benefits of Medicare or Medicaid. I think they are needed by the people of this land.

I would much prefer that you exercise your ingenuity and your common sense to come up with some proposal that will make it possible for every American man, woman, and child — people of all ages — to get the medical care they need and should have.

I'm not wedded to any particular formula or plan. At the end of this year, I'll have been in the Congress 33 years. I've seen many different plans tried, and many I married have failed. I'm not wedded to any plan, but all I want to see is the American people, within their needs and without being financially ruined, able to get the medical care that their bodies require to sustain life and health.

Down in my county of Dade, in Miami, some of the clinics there are developing a program that may or may not have some national meaning or opportunity. The government is allowing these health maintenance organizations, which are providing general care to clients under Medicare, to have those services paid for by Medicare. In addition, the HMOs are allowed to solicit the Medicare population to pay another five or ten dollars a month, which eliminates deductibles and the need for co-insurance, and allows the clients to get comprehensive care in the HMO's hospital. It may have merit. I hope it may at least be a demonstration project of some worth to those concerned about that subject.

America is too rich, too compassionate, to allow any man, woman, or child to go to an untimely grave or be denied good health because this marvelous medical and hospital system we possess

is not financially available to them. And I hope you will try to find some way that may be accomplished.

The third thing I want to talk about is Social Security, one of the greatest institutions in America. One hundred and fifteen million people pay regularly into Social Security, and every month 36 million people get a Social Security check. There are 95 million Americans eligible for disability insurance. As a matter of fact, I heard Mr. Bob Ball, a warm friend and colleague of Dr. Flemming here, who has been Commissioner of Social Security under Democratic and Republican Administrations, say recently that Social Security saves at least 12 million Americans from being in poverty and being on welfare.

Twenty-eight percent of the people who receive Social Security benefits have no other source of income, and despite what they get from Social Security, one-sixth — a little over 16 percent — of Americans have incomes below the poverty level. Another group of comparable size lives just above the poverty level. That is the reason I will, to the utmost of my ability, oppose any effort to cut benefits of Social Security.

The average Social Security check is $374 a month. That's not a lot of money according to the living expenses of today. To reduce that would simply be to reduce the standard of living of those already at the bottom of the economic ladder in America.

People say, "Well, the Social Security is bankrupt, it is about to collapse." Well, my friends, it is no more about to collapse than the Government of the United States. The other day, some of the Government people were sent home. The Government said it didn't have any money. Why? Because Congress hadn't appropriated it. The Government would go broke at the end of every fiscal year if Congress didn't appropriate more money for it. Congress has always been the protector of Social Security. Congress set it up. Congress has maintained it. And Congress always will maintain it as a solid and sound institution.

Now, you've seen it reported in the media that we've already cut some of the benefits. The $250 burial allowance has been cut out. The college education benefits that were enjoyed by the children of people covered by Social Security have been cut out. And we cut out the $122 a month minimum that was to be paid to 3½ million people. Well, we in the House restored that minimum payment. Do you know who those people are? Those 3½ million people? Two-thirds of them are over 70. Over half a million of them are over 80. And there must be some over 90 and perhaps some over 100. So, if we can just wait awhile, they won't be around to burden us.

Now my good colleagues in the Senate are saying, "Let's go on covering those who are now covered, but not those who would be eligible in the future." And they want to put a cap that would cause families with more than one child to lose more than $122 a month. And they want to tax some of the income you get from illness. Our position in the House, and I think it's the right position, is that we simply restore the $122 a month minimum. It's going to run out anyway in a relatively short time, but the people who have been eligible will be entitled to continue receiving that benefit.

Now you say, "Well, what can we do?" We understand that the Old Age and Survivors Insurance bond is going to be out of money in '82 or '83. That does seem probable, although it is due to the changing economic picture, not to the mishandling of Social Security. In 1977, we in the Congress thought we had provided for Social Security way into the next century, but we didn't anticipate the changes in the economy, so now we have to make some other corrections.

What we propose is, first, borrow money from the disability and Medicare funds, both of which are part of the same Social Security funds derived from taxes levied by Congress. Let those funds that have a surplus lend money to the Old Age and Survivors Insurance for the immediate future. Second, replenish the loaned funds with general revenues. Lou Harris appeared before us the other day over at the House and told us that a poll of the American people shows overwhelming support for paying additional taxes, if necessary, to maintain the integrity and the present level of Social Security.

Mr. Ball held out one other possibility that to me seems very inviting. He says that by about 1990 there is going to be a surplus in the Social Security funds, and that if we borrow from the general revenue funds, even in the next two to four years, we can, by the 1990s, pay back that fund with interest from the surplus that taxes already levied will yield to the Old Age and Survivors Insurance fund.

Whatever method we pursue, I am appealing for the masses of American people to whom Social Security is a bulwark, a basis of hope that shall not be taken away or be diminished. In the future this hope might even become an opportunity to make the system better than it is.

My friends, what we are concerned about is the overall picture. We want to do all the things that will make life longer and happier for the older people of America. We thank God that we have been

spared to live in this wonderful country as many years as we have. There is no reason why the older years should be years of misery.

There will be some stricken with disease. My wife was taken by a monster — cancer — two years ago. At least we can put all the money in research that we can, to try to save others from a similar fate.

Just look around you, here in this audience. You see what I call the VIPs of America — the Very Important People of America. They've been here longer than anybody else. They've upheld the standards of dignity, and morality, and religion. They have upheld a tribe that they love. They are worth helping. And I hope, I hope, I hope you'll produce from this Conference something that will give added meaning and reality to the words of Browning:

Grow old along with me!
The best is yet to be,
The last of life, for which the first was made:
Our times are in his hand
Who saith, "A whole I planned,
Youth shows but half; trust God: see all, nor be afraid!"

Thank you and God bless your hearts.

Address by U.S. Senator Lawton Chiles

I am honored to be here with this distinguished group of citizens from many different parts of the country, and I'd like to welcome you all to Washington. Each of you is part of a beautiful quilt — our Nation. I congratulate you on being selected to participate in this crucial Conference, and I commend you for your leadership.

During the next few days you will be the decisionmakers. Your recommendations will be taken seriously. And I know that the process you go through will be watched carefully and reported on by the press.

I take very seriously this opportunity to share with you some of my own thoughts and concerns. I would like to take what may be a different approach from that taken by others who will address you.

I believe there has been a tendency by a lot of us to concentrate on listing the problems of older people with little or no mention of their potential. As a result the American public tends to view the older population as dependent and therefore a growing problem. This is such a misconception. We know that the majority of the older people in the United States are not dependent.

I am reminded of the comic strip *Pogo* that I used to read. The possum used to stand in the

swamp and tell his friends, "We have met the enemy, and they are us!" We spend so much time concentrating on the problems of 10 to 20 percent of the elderly that we lead the public to believe that all of our older Americans are the same.

I want to emphasize strongly that in no way am I suggesting that we ignore the 10 to 20 percent who do have problems. But I am gravely concerned that the other 80 percent will be overlooked. If you only concentrate your recommendations on the dependent, what expectations are we as a nation to have for, with, or about this other group of 25 to 30 million older persons?

My home State has the highest percentage of older persons in the Nation — now approaching 33 percent of the population. Therefore, I get amused at times listening to people talking about "Can you imagine what it's going to be like in this country in the 2030, when the percentage of elderly reaches 20 percent?" I don't have to imagine it, we have already passed it! And I am happy to report that we do not have intergenerational warfare or any other such terrible occurrences.

Most of the issues brought to me by our more mature population in Florida are much the same as for the younger and middle-aged populations. They are concerned about inflation, crime, energy costs, health care costs, unemployment, and the future of Social Security. I believe that if this country does not come to grips with these issues, not only will we do great harm to the general population, we will continue to force large numbers of our older population out of the independent group into the dependent group.

If I may be permitted a bad pun a few days after Thanksgiving, I'd like very much to talk turkey with you — about four issues that represent basic economic and personal security for all older Americans: Social Security, health care, crime, and a new national policy on work and retirement.

There is one overriding issue that to my way of thinking should hold the full attention of every single delegate and observer to this White House Conference on Aging, and that is Social Security.

Just as issues of income security were the key subjects during your community and State meetings while you were preparing for this national Conference, making sure we preserve the solvency of Social Security has been a key issue in this session of Congress.

It has not been "business as usual" this year here in Washington. Almost all legislative activity in one way or another has been directed toward spending cuts and achieving a balanced budget. I would venture to say that there is no one in this country who has not been aware of this fact.

I feel it has been extremely unfortunate that the most important issue of maintaining the very integrity of the Social Security system has been snatched up and thrown into this budget cutting web.

We should not have that crisis, but we almost did.

The facts are that for some time, long before this year, we knew some adjustments in Social Security would be needed to get the system over a tight spot expected in 1985 or 1986. There were a number of things we could do without much disruption.

I proposed a combination of interfund borrowing and a gradual phasing out — for future beneficiaries only — of the student and minimum benefit programs. Others have also wanted to temporarily add some general revenues to the system to get over this short-term hump.

The numbers showed that interfund borrowing, that is, allowing the retirement fund to temporarily borrow from surpluses in the disability and health insurance funds, could come very near to taking care of the problem entirely. And I personally felt that Social Security could no longer sustain some of the additional benefits that had been added in later years, such as benefits for college students and the part of the minimum benefit that goes to workers who have paid little into Social Security.

As it happens, Congress has pretty much reached agreement on this kind of solution to the "crisis."

But we haven't gotten there easily.

Someone decided that this situation in Social Security could be used to cut the Federal budget. This Administration sent Congress a proposal to cut benefits for everyone — and in amounts that were much more than necessary to take care of the problem.

Congress — and the Nation — soon made it clear that it would not agree to use Social Security to balance the budget.

But the climate was set. And it has been a battle all year over what we did agree on. How to handle the minimum benefit, for instance.

There is a big difference between chopping off that Social Security minimum benefit for those who have been receiving this small amount for years and deleting it in the future for those who have not yet retired. The President wanted to cut it immediately for everyone. Many of us in Congress wanted to make sure it was phased out only in the future. The President's proposal won every time we voted on the issue, even though the House and the Senate and even the President have now had a change of mind.

We, and thousands of elderly, never would have had to go through all this if Social Security had not

been forced into that budget-cutting process. But the solution to the problem is at hand, and once a final agreement on this short-term solution is signed into law, it is my hope we will never have to address Social Security in such a crisis atmosphere again.

And this brings me to my major message to you today: Congress *will* have to address it again, and I fear we *will* be forced to do it in another crisis atmosphere unless this White House Conference takes the leadership now.

My personal goal is to help us all face, as early as possible, the bigger — and really difficult — Social Security problem coming in 30 years. That is when the so-called baby boom generation will begin to retire. And that is when the lower birth rates we now have in this country will result in fewer active workers paying Social Security taxes.

As the Social Security system works now, it simply will not be able to support this large a change in the age make-up of the population. When Social Security began, there were 42 active workers paying Social Security taxes to support each retired worker. Today the ratio is about three to one. In 30 years it is expected to be about two to one.

We cannot excape this. No matter what happens to the economy, no matter how we may change our lifestyles, no matter who is elected President, those numbers are not going to change. The people are already here.

Does that mean we will eventually abandon the Social Security system? National opinion polls now show that two-thirds of today's younger workers seem to think we *will*. That is unthinkable to me, and I am sure it is to you.

So, what are our options? When I consider this, my first thought is that no matter what adjustment we make, we have to decide right away. Too many people make lifetime plans based on Social Security expectations to allow us to make any major changes without long and careful planning. The longer we have — as a Nation — to prepare, the better chance we have of not hurting anyone.

Second, I consider the options we have to meet this challenge. I see three (1) reduce benefits, (2) raise taxes paid by workers, (3) delay retirement.

Benefit cuts would have to be large. And taking such action would undermine the basic economic security that Social Security represents for retired workers.

And I just don't believe that workers could support much larger tax increases on top of those already coming.

So I chose the third option: to gradually phase in a three-year increase in the retirment age, from 65 to 68. By doing this a month at a time, beginning in the year 2000, the baby boom retirement bulge could be leveled out enough to meet benefit requirements.

But my own decision to make this proposal — and I must admit it has not been the most popular thing I have ever proposed — was not just based on numbers. I have talked to all the national experts — and to thousands of my own constituents — and I know that more and more people want to work beyond the age of 65. So I also think this direction is the most positive one we could take.

I am not asking this White House Conference on Aging to ratify this particular proposal. I have given you some of my own reasons for thinking we should move in that direction. You may have other perspectives.

But I *am* asking this Conference to take a stand on this issue.

If you don't, I am afraid that we as a Nation will have lost whatever chance we have to come to any timely agreement on strategies for change.

This Conference is important. You have influence. There will not be another one in 10 years. There may not be another one at all. It seems clear now that this Congress and this Administration may never agree on a way to make sure that Social Security — basic economic security for all retired workers in this country — is there for your children and grandchildren.

If you, as a group, do not take a stand, I am afraid no one will until it is too late.

I know that is not the most welcome message. But I have another tough issue of immediate concern — another one which we all must face together: finding a way to control the inflation in health care costs.

Last year this Nation spent $250 billion on health care. Ten years ago it was $75 billion. That is a huge amount of money, but even so, it is less than half of what older Americans pay for medical care. Medicare actually only ends up paying for about 40 percent of the total cost of health care for the elderly.

You know who pays the rest. Some of it comes from other health insurance plans. But most of it comes right out of your own pockets. As long as the cost of health care continues to rise so rapidly, the amount you personally pay will go up, too.

The biggest costs are in hospitals. When we drafted legislation to slow down hospital costs two years ago, we kind of got sidetracked by the hospitals. They told us they could hold down their cost increases to about 3 percent a year on a voluntary basis. But it looks like this year's increase alone is going to be about 19 percent. I'm not sure

what happened to the voluntary program. This is one area where I believe we should look again.

Now, I will admit that we have a problem here in Washington. It is a lot easier for us to look for ways to cut costs by slashing payments and denying services than it is to look for ways to cut costs through better services and better services delivery. But I am convinced this can be done — and you can prod us into doing it.

For instance, we need to put much more emphasis on preventive health care — especially in Medicare. And I believe very strongly that we should also concentrate on providing more home care and more outpatient services, rather than continue to rely so heavily on institutional care.

I have watched the support for home care programs grow in Congress in recent years. It has been gratifying to see the changes in Medicare and Medicaid that we have acheived just in the last two years. The time is right for further action — especially in the States — and I hope this White House Conference will become known for its recommendations in home and community care.

I would like to turn to a third issue, which a recent poll revealed as a high concern for many elderly: crime.

Street crime has risen sharply in this country. I *know* it affects the elderly, because I have heard terrible stories of elderly people barricading themselves in their homes, afraid to go out. Studies show that more than half of our Nation's elderly are afraid of being targets for physical assault and robbery.

I am concerned that not enough is being done to combat this crime, and I have introduced legislation to change this. But combating crime itself will not alone solve the problems for those elderly who are afraid and isolated.

The problem is rooted in negative attitudes toward the elderly by too many of our young. Many children today don't have the contact with their grandparents and other older people that you and I had when we were growing up. It is too easy for them to view the elderly, especially in large cities, as easy targets. And the vicious circle draws tighter when these elderly isolate themselves even more.

That is just one more reason why I believe it is so important to strive for a society where the young and old have much more positive exposure to one another. I hope you agree with me and will keep this principle in mind in all you do at this Conference.

So far, I know I haven't delivered much good news. I warned you that I wanted to talk to you about issue areas that I thought those of us in Congress would have to face in the very near future.

But there is one more very positive issue I would like to raise. I believe it is the most important challenge we face as a Nation. It stands on its own, but it also offers part of the solution to the Social Security problem I discussed earlier: I hope and dream that the 1980s will be the decade of the older worker — a time when our society finally realizes that what older Americans want most is to continue to make major contributions; when we finally decide that we can no longer waste needed skills and talents; when we prohibit retirement based solely on age — any age; when we work actively with employers to help them develop new job opportunities for older workers; when we provide incentives to business and industry to retain and hire older workers; when we get rid of the Social Security earnings limitation; when we create new opportunities for full involvement through community service and volunteerism.

There is a lot of work that needs to be done. And the country is going to need more older workers. That's something that business and private industry must acknowledge and begin to face squarely.

Back when I first decided to run for public office, one of my closest friends recommended that I not run a negative campaign. He pointed out that it might be easy to fall into the trap of talking about what was wrong with my opponent and all the bad things he had done. Instead he suggested that I concentrate on positive aspects in the campaign, what potential there was to bring about favorable results, and how I felt I could help in that process. I took his advice and it was sound.

As you move this week toward a recommended Aging Policy for this great country for the next 10 years, I would offer that same advice to you. Pull out the positives. Use your potential and that of the millions you represent. Set forth achievable goals. And program enchancements using the potential that exists and will exist as you are joined by millions of others over the next 10 years.

You have the talent, the means, and — most important — the influence to solve these problems.

Over the last 40 years or so, we have put into place programs at the Federal, State, and local levels that enable our aging population to look forward to remaining independent in their communities. I have no apologies or regrets for my support and sponsorship of such programs. I pledge to you my intent to continue to do so, and I look forward to receiving your recommendations.

Address by U.S. Representative Matthew J. Rinaldo

Madam Chairman, delegates, friends, the Conference you are beginning today could not come at a more critical time.

Over the last 10 years, since the 1971 White House Conference on Aging, we have made significant improvements in our efforts to forge a national aging policy.

In 1972, cost-of-living benefit increases were enacted for Social Security recipients. The Supplemental Security Income for the Aged, Blind, and Disabled was approved. In 1973, Congress established a national network of Area Agencies on Aging to bring Older Americans Act programs to the local level. In 1972, we established the National Institute on Aging and an Aging Committee in the House of Representatives, and we enacted the first comprehensive law to regulate and improve the pension system for millions of working and retired Americans. In 1977, we shored up the finances of the Social Security system, and in 1978, we strengthened the Age Discrimination in Employment Act.

This is a long list. It is a *good* list. It shows that we in Congress, and you around the country, are committed to combatting ageism and to giving the elderly what they have earned and what they deserve.

But during that time — through those 10 years of progress — there has been a corrosive force at work. It is destroying America's elderly by eating away at their savings and forcing them lower on the economic ladder.

That force is inflation.

It seems that no matter what we do, we are unable to make real, permanent progress against the cruelest tax that has been imposed since the Second World War. In 1980, the largest cost-of-living increase ever was approved for Social Security recipients. But even that represents only slight improvement for the 36 million Americans who depend so deeply on their Social Security checks.

That corrosive, bitter force has brought us to where we are today. The greatest horror stories in the history of the Social Security system have frightened millions of retired Americans into believing that someday there will be no Social Security check.

Congress must give top priority to making changes in the Social Security system that will reassure current and future beneficiaries that they will not be denied benefits that they have earned, are entitled to, and are counting on.

Older Americans should be assured that they can depend on their benefits following a lifetime of

work. To suddenly reduce benefits or change the age of retirement would be an unconscionable breach of faith that should not be approved by Congress.

I am determined that Social Security will be saved, and not by sacrificing the benefits you are entitled to. It will be saved by increasing the productivity of our society, by interfund borrowing among the three trust funds to ease the current strain on the retirement portion, by using general tax revenues to help pay for Part A of Medicare, and by phasing in any changes over a long period of time. Such adjustments would immediately improve the long-range actuarial outlook of the system and at the same time give ample planning time to future beneficiaries.

Recession, unemployment, and inflation are the enemies of Social Security. We need to put America to work, including all those older workers who have been let out to pasture against their wishes.

The mandatory retirement limit, set at age 70, should be abolished. Every American should have the right to work regardless of age.

Being old in America doesn't mean you're over the hill.

We can no longer afford to write off 25 million Americans. They have too much experience, common sense, and ability to contribute to the revival of America.

I urge this Conference to focus on recommendations to give older Americans work in their retirement years without losing any of their Social Security benefits.

It is time that government, private employers, insurance companies, young people, and the media demolish the myth that old age means you are too old to contribute to our society.

I've been in Congress nine years. In each of those years, I've been sponsoring legislation to remove the earnings limit on Social Security. Once you reach 65, you should not be required to lose any benefits because you are working and earning your way.

Our national policy towards senior citizens must find the means of making it worthwhile to be alive in the fullest sense of the word.

On the medical front, we must stop pushing the elderly into wheel chairs and nursing homes. The emphasis in medicine must shift to the prevention of the most common diseases of old age. Better screening and treatment of hypertension can give millions of older Americans a healthier old age and enable many of them to continue working.

I am sure this Conference will reaffirm the commitment of many of us in Washington, both Republicans and Democrats, to assure the financial stability of Social Security without cutting you off from benefits that you were promised and which you have earned. I will fight to the bitter end any suggestions to tax your Social Security benefits.

Those of us on the House Select Committee on Aging have a responsibility to save your programs and to make sure that the Federal budget is not balanced on your backs.

We will not placidly accept cuts in crime prevention programs that threaten our senior citizens. We will not meekly surrender to the budget-cutters to take away transportation from the elderly.

Until we become energy independent and have the ability to break the OPEC oil cartel, Congress must continue to provide funds for the fuel assistance programs that many older Americans depend on.

I also urge this Conference to send a message to Capitol Hill and the White House opposing the end of controls on natural gas prices. It would be a staggering financial blow to senior citizens, and I pledge to fight as hard as I can against immediate decontrol of natural gas and higher fuel prices.

I also urge delegates to this Conference to support the efforts of the Administration to rescue our senior citizens from the bureaucratic maze of overregulation. It's not just business, schools, industry, and the economy that are affected, but programs intended to benefit you.

There are hundreds of programs for seniors at the Federal, State, and local levels. Many conflict on eligibility criteria, administrative requirements, and funding.

As a member of the House Select Committee on Aging, I favor the strengthening of Older American Act provisions that make the Administration on Aging responsible for the coordination of Federal, State, and local programs for the elderly. They can foster better interagency coordination on programs so that you can understand them, use them, and make those funds go farther by avoiding duplication.

Senior citizens now must fill out complicated and unnecessary forms. We need to make life easier for them, not more complex.

Neither should this Conference neglect the role of the private sector and the States. In my own State of New Jersey the voters overwhelmingly reaffirmed at the ballot box that millions of dollars in casino revenues should be used for programs for the aged.

New Jersey has a variety of programs, such as property tax breaks, assistance in paying utility bills, homestead tax rebates, tax credits to elderly tenants, reduced bus fares, pharmaceutical

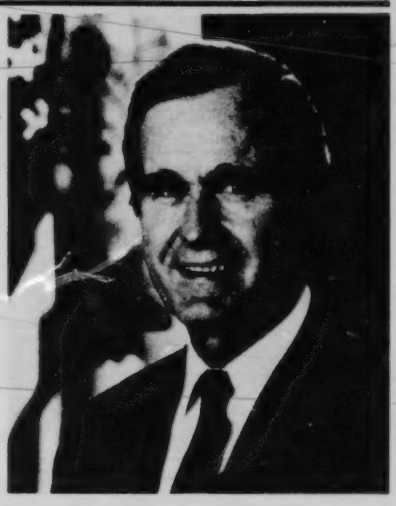
assistance, free passes to state parks and museums, information services, and a hotline for senior citizens. It is meeting its responsibilities, and so are many other States.

But we also need to encourage private employers to meet their responsibilities in providing jobs, insurance, adequate pensions, training, flexible work hours, and special medical programs for elderly workers.

Aging embraces our entire population. Everyone is aging from the moment they are born. In meeting the problems of older Americans we are establishing the future of young Americans, too.

The time to grow old gracefully is in youth. If respect for the human quality of all persons is learned by the young, they will not turn away from the aged, and their own old age will not be so painful. When the attitude of society becomes more understanding and appreciative of the role of the aged, I assure you that society will force the laws and the programs you need to be enacted and adequately financed.

God bless you, and good luck for a successful and productive conference.



Address by Vice President George Bush

[On Tuesday, December 1, President Reagan addressed the Conference participants at a luncheon meeting at the Sheraton Washington Hotel. The President's speech was carried by closed-circuit television to delegates and observers at the Washington Hilton. Before the President spoke, Vice President Bush made the following introductory remarks to delegates and observers at a luncheon meeting at the Hilton.]

I appreciate this chance to speak to you this morning. I don't propose to ruin your day by making you sit through two speeches. No one should have to suffer through that.

George Washington's inaugural address was all of 134 words long, and I don't believe it was ever criticized for being too short. President William Henry Harrison's inaugural speech, on the other hand, was 9,000 words long. It took him two hours to deliver it. There was a cold, northeast wind blowing. He came down with a cold the following day and died of pneumonia a month later.

So you see? Too much speechmaking is not only boring, it's dangerous!

You'll be hearing from the President shortly. I sometimes have the misfortune of following him on a program. I say misfortune because he is one tough act to follow. Come to think of it, he's even a tough act to precede. So let

me just say a few quick words and get out of the way.

I think the President's remarks to you will show the extent of his involvement and concern for the problems you are all here to discuss. He is, after all, our senior citizen. To suggest that he is in some way detached from or indifferent to the issues that confront the elderly is simply a lot of nonsense.

This is one senior citizen I work with very closely, and I can tell you he's personally committed to that part of our population all of you are representing.

He'll be talking to you on a number of subjects, foremost among them the health of our Social Security system. You'll be drawing your own conclusions, but with my foresight (having read his speech) I think you'll agree that he's come up with a highly creative approach to solving the problems all of us know are confronting that system.

The genius of his particular approach lies in its bipartisan nature. The President is inviting all parties, all factions, to participate in the debate. Because Social Security is not a political matter, and it shouldn't be dealt with in just a political way. It's a matter that sooner or later concerns all Americans, so all voices must be heard.

The time has come to rise above rhetoric, above partisan and sometimes petty politics. We have to act now if we're going to restore literal meaning to the term Social Security. We have to act now if our Nation is going to honor its commitment to those who have worked so hard all their lives to earn security in old age.

As soon as the President took office last January, he began doing what he said he'd do before. President Reagan is determined that this Nation will heal its whole economy. He rejects the notion of administering some quick fixes to a few parts of it.

When taxes are cut, when government spending is cut, when wasteful and ineffective government regulations are cut, then everyone gains: the aged, the middle-aged, the young.

When interest rates come down—as they have rather dramatically in the last two months—everyone benefits.

When inflation comes down—as it has—everyone profits: the old, the poor, the middle-class—everyone.

I say let's give the President a chance to do the vital work that needs doing. His economic recovery program has been in effect for—what?—all of two months. There's a lot left to be accomplished, but a lot already has been done.

So, if we agree that the old solutions failed—and who cannot?—then let's try the new ones, for our sake and for the sake of those who will follow us.

I hope you know how welcome you are, and how welcome your ideas are. The White House doors are wide open. We're eager to know the outcome of your meetings. And we're eager to work with you, so together we can fulfill that ideal of adding life to years, not just years to life.

Thank you very much.

Address by President Ronald Reagan

I have been looking forward to this meeting with you for a number of reasons. But probably the best one is my belief that most problems can be solved when people are talking to each other instead of about each other.

A speaker usually tries to establish in his own mind some relationship between himself and his audience. Or put another way -- why he or she is addressing a particular group.

I could say, "It is traditional for the President to address the White House Conference on Aging." But there is, in my case, a better answer. We are of the same generation. We have met to counsel together on matters of mutual interest.

You know, when we were much younger we defined a generation in a rather narrow sense. We perceived it as almost limited to our classmates. then as the number of candles on the birthday cake increased, so did the breadth of our generation. As long-time adults we now perceive our generation as including all those within several years, on either side, of our own age. And that is as it should be, for as adults we have worked together to achieve common goals in our work, in our communities and in our Nation.

Just a few weeks ago at a White House luncheon for Medal of Freedom recipients, one of those recipients was Eubie Blake. Eubie is one of the last of the great ragtime composers and pianists. We sat together at the luncheon table as contemporaries. His songs and the music he played were much a part of my life. Yet in my remarks about him and his accomplishments I mentioned that he was 98 years old. He interrupted me, sayting, "Ninety-eight and a half."

Now having established the parameters of our generation, let me say a few words about us. It is right that each generation looks at the one preceding and is critical of its shortcomings. We

were, and a young generation will challenge our mores and customs, questioning our values as we did before them when we were young. But as the years pass we learn not to cast aside proven values simply because they are old. At least we should learn that if civilization is to continue.

A few years ago in the rebellious '60's to early '70's, we did see a discarding of basic truths. It was a time when at least a part of the generation of our sons and daughters declared that no one over 30 could be trusted. One wonders what they think, now that they, themselves, have passed that 30-years mark.

In those troubled times, when no one boasted of living only a stone's throw from the campus, I, as Governor, couldn't go on our own campuses without causing a demonstration. Then one day the Student Body President and other officers asked to meet with me in Sacramento.

I said "yes" because I was anxious to establish some kind of communication. They arrived, some barefoot, all in T-shirts and jeans. When we were all seated (maybe I should say slouched), their spokesman opened the meeting. "Governor," he said, "It is impossible for your generation to understand us." Trying to establish some base I said, "Well we know more about being young than we do about being old." "No," he said, "I'm serious. You can't understand your own sons and daughters. You didn't grow up in a world of instant communications, of cybernetics, men computing problems in seconds that used to take months or even years, of jet travel, nuclear power, and journeys into space."

You know, you usually don't think of the right answer until such a meeting is over and it's too late. But he went on in that vein just long enough for the Lord to give me the words. I said, "You are absolutely right. We didn't have those things when we were growing up. We invented them."

And I was right. It had suddenly occurred to me that almost everything he was talking about had come into being in our adult lifetime. Yes, our generation has made mistakes and possibly fallen short at times. But we need apologize to no one. Only a few times in history is a single generation called upon to preside over a great period of transition. Our generation, yours and mine, has literally gone from the horse and buggy to travel in space. We have known four wars and a great worldwide depression in our lifetime. We have fought harder, paid a higher price for freedom and done more to advance the dignity of mankind than any people who ever lived.

Having said what I have maybe you can understand my frustration over the last couple of years--

during the campaign and now in this office I hold -- to be portrayed as somehow an enemy of my own generation. Most of the attack has been centered around Social Security. There has been political demagoguery and outright falsehood, and as a result many who rely on Social Security for their livelihood have been needlessly and cruelly frightened.

In October of 1980, as a candidate, I pledged that I would try to restore the integrity of Social Security and do so without penalty to those dependent on that program. I have kept that pledge and intend to keep it -- both parts of it. We will not betray those entitled to Social Security benefits, and we will, indeed we must, put Social Security on a sound financial base.

A recent poll showed 59 percent of the people willing to pay a higher tax in order to be sure of Social Security's continuation. Almost as many, 54 percent, have expressed mistrust and a lack of confidence that the program will be there when their turn comes.

Let me take up that matter of increased tax. The answer to the problem is not that simple. We already have an increase. It was passed in 1977 and calls for a series of increases (one in January) and several more over the next five years.

The payroll tax has increased 2,000 percent since 1950 and even with the increases yet to come, the accumulated deficit could be $111 billion over the next five years.

In 1982 the maximum tax will be $2,170.80, matched of course by the employer. For the self-employed, it will be $3,029.40. The 1980 top rates are 6.7 percent and 9.35 percent on the first $32,400 of earnings. Both the rates and the amount of earnings taxed will go up in the several increases already scheduled.

When the program started in 1936 it was $20 a year -- one percent of $2,000; thirty years ago there were about 16 workers for each recipient. Now there are only 3.2 and in the next 40 years that is projected to be only 2.1.

I am not pointing out these facts because I want to scare anyone. I agree with what Congressman Claude Pepper has said, that this country is big enough and able enough to provide for those who have served it and now have come to their time of retirement. What we can't afford is supporting, as disabled, people who are not disabled or educating from Social Security funds young people from families of affluence and wealth.

I had hoped our proposal would have been taken as a beginning point for bipartisan solution to the problem. I was led to believe it would.

Social Security can and will be saved. It will require the best efforts of both parties and of both the Executive and Legislative Branches of Government. Its future is too important to be used as a political football.

For this reason, I have established a bipartisan Task Force on Social Security Reform. The Task Force will consist of 15 members -- 5 appointed by the President, 5 by Senate Majority Leader Baker, and 5 by Speaker of the House O'Neill. The mandate of the Task Force is an important one. Time and again in the past, studies of the Social Security system have been made, that pointed out the problems -- but nothing further was done.

This must not happen again: The charge of the Task Force will be to work with Congress and the President, not only to propose realistic, long-term reforms to put Social Security back on a sound financial footing, but also to forge a working, bipartisan consensus so that the necessary reforms will be passed into law.

The business of the Task Force on Social Security Reform is urgent. I will shortly be announcing appointments to it. I hope that Majority Leader Baker and Speaker O'Neill will act promptly to select the remaining members, and I pledge my fullest cooperation to make the Task Force's mission a success.

We want the elderly needy -- like all needy Americans -- to know that they have a government, and a citizenry, that cares about them and will protect them. Their basic human needs must be met with compassion as well as efficiency. This, too, is a goal I have set for my Administration.

It's fashionable just now to talk about the graying of America. If you go by the numbers, we are, indeed, a people growing older in years. Today, one American in five, more than 45 million in all, is over 55. By the year 2,000, there will be another 10 million of us. But the American people are not just growing older. We are also growing healthier. Our years of full, active life are increasing -- thanks to the countless historic breakthroughs our Nation has made in science, medicine, technology, economic opportunity and education in this century. And here again our generation can take pride in the contribution we made to bring that about.

Many of these breakthroughs were made by senior citizens who are still with us and will be for many years to come, enjoying the well-earned fruits of their own labor as researchers, educators, inventors, businessmen, or average men and women whose work in shops, factories and farms helped make modern American possible.

Since 1979, the national mortality rate has dropped 2 percent each year. There are already

more Americans over 65 than the entire population of Canada. Today's typical 65-year-old will live another 16 years and our median national age will go up another three years in the next decade.

And make no mistake, this growing body of older Americans is an asset. The so-called "Senior Market" plays a key role in consumer spending and saving. One-fifth of the population, "over 55's," account for 27 percent of all consumer spending.

Internal Revenue Service figures show that almost half, 46 percent, of all reported savings account interest is earned by people over 65 although they are only 11 percent of the population.

Senior savers and senior spenders are a vital, positive part of the economy, and are playing a positive role in our program for economic recovery. It could not succeed without us.

This Administration is dedicated to the kinds of programs and policies that will allow the vast majority of older Americans to continue to live independent lives. This is not just a matter of economic common sense; it is a matter of basic human dignity.

Here, as elsewhere, the state of the aging is bound together with the state of the Nation. We cannot have a healthy society without a healthy economy. Young and old alike, Americans have suffered too long from the combined burden of runaway inflation and an ever-heavier tax burden. This destructive cycle has fed on itself. The same taxes and inflation that directly undermine the earning power of individual Americans also drive down productivity and economic growth nationwide.

Because of the graduated tax rate, each 10 percent increase in inflation pushes tax receipts up 17 percent. The taxpayers have that much less money to spend, Washington has that much more to squander, and the economy suffers another blow from the twin evils of inflation and stagnation.

The only way to put an end to this disastrous cycle -- a cycle that hits Americans on fixed incomes hardest -- is to make real cuts in spending and taxes.

This Administration has made a beginning. It's only a beginning, but the initial signals are encouraging.

- The inflation rate, as measured by the Consumer Price Index, has fallen from 12.4 percent in 1980 to 9.6 percent in the first 10 months of this year. Last month's figures marked the lowest rate of increase in 15 months.
- There was also improvement at the wholesale level, with prices rising at a 7.5 percent annual rate, down from 118 percent in 1980. This is especially important because a decline in wholesale prices now usually means further relief for the consumer as wholesale goods reach the retail market down the line.
- Interest rates have also begun to drop. The prime lending rate, at 16 percent, has reached a 12-month low. Some banks have dropped to below 16. A year ago they were at 21.5 percent.

These are only early signs, but they are all positive indicators that our economic policy is beginning to work.

Older Americans have also begun to benefit from our tax relief measures. The Economic Recovery Tax Act of 1981 will mean further relief from inflation and taxation mounting to a 25 percent cut in personal income taxes over three years. And starting in 1985, personal tax rates and exemptions will be indexed to keep up the cost of living. Inflation will no longer push old and young Americans into ever-higher tax rates through "bracket creep."

Other tax reforms of special benifit to older Americans include liberalizations in the capital gains tax, tax exclusions for older Americans selling their homes, and estate tax provisions.

None of this relief from taxation and inflation would be possible if we ignore the problem of runaway Government spending.

But while cutting spending, we have safeguarded services to those poor and elderly who depend on the Government. In the field of health care and human services, federal spending is actually up --by over 15 percent in 1981 and about another 10 percent in 1982. Elderly Americans making up 11 percent of our population will receive 28 percent of the Federal Budget in Fiscal Year 1982.

Our Administration has also supported reauthorization of the Older Americans Act. The Act helps older Americans keep up their independence through a wide variety of home- and community-based services, such as home health care, transportation, meals and counseling. We are also working on improvements to the program that will make it an even more effective means of strengthening dignity and independence for the elderly.

Ours is a generation rich in experience as well as in years. We have been tried and tested, and we have also benefited from a surge of human progress that our parents and grandparents could never have imagined.

I happen to be an optimist; I believe attitudes toward the elderly are getting better, not worse. The polls seem to bear this out. One recent survey revealed that 65 percent of the younger work force now rejects the notion of requiring older workers to retire. This is a dramatic turnaround from just seven years ago when a plurality of younger workers took the opposite view.

So, as some Americans grow older, America itself seems to be growing a little wiser, a little more tolerant. You know Cicero said, if it weren't for elderly citizens correcting the errors of the young, the state would perish.

In those days of the "generation gap" I mentioned earlier it was almost as if our young rebels saw the generations as horizontal. Each generation separated from the others like slices from a sausage. Humankind is vertical. Each generation sees farther than the one before because it is standing on the shoulders of those who have gone before.

I look forward to receiving the results of your work here in this Conference. I've dwelled on the problems of concern to the members of our generation, problems I know you will be considering. But may I ask also that you give your counsel with regard to how we in our generation, in this time of danger, can be of help to this blessed land we've already served so faithfully and so well.

Let our children and our children's children say of us, the world they live in is better because we were here.

Address by Dorcas R. Hardy, Assistant Secretary for Human Development Services

I am very pleased to have this opportunity to address the delegates to the 4th Decennial White House Conference on Aging. As you know, past Conferences have laid important groundwork for subsequent programs of public and private sector action on behalf of the Nation's older citizens. I know this Conference, too, will make a unique contribution to shaping a national policy on aging. We in this Administration are eager to hear your recommendations on key issues. One of my roles as Assistant Secretary for Human Development Services will be to act on and carry forward the work of the Conference.

I don't really need to tell you that formulation of a national policy on aging is a formidable task. The task is made somewhat easier by the fact that we are really building on an already existing body of policy and experience as well as the expertise that you bring to the effort.

The challenge before you might best be described as **reformulation** of a national policy to respond to changing times and realities and to capture new opportunities. Efforts to meet this challenge should be influenced by several basic considerations that I believe are important to framing a policy on aging. They include: first, a need to focus policy development on the future aging; second, recognition that most older persons are self-reliant; third, the objective of ensuring that older persons can maintain an active involvement in community life; fourth, the goal of a healthy economy and success of the President's Economic Recovery Program; fifth, the need to marshal all elements of the private and public sectors in aging issues; and, finally, the upholding values of self determination and decision making closest to the people. I will elaborate further on these ideas in the hope that they will prove useful to you during your deliberations.

First, I believe that the national aging policy must be future oriented. To be effective, it must take into account the future growth and characteristics of an aging population. New strategies are needed to deal effectively with a new era many call the "graying of America."

Throughout the 20th century, the size of the older population has increased steadily and dramatically -- from 4.1 percent of the general population in 1900 to 11.3 percent in 1980, or one in every nine Americans. The older population has, in fact, seen the fastest growing segment of the population. Between 1970 and 1980 alone, the number of older persons increased by 28 percent compared with a 10 percent increase for the under-65 age group. Demographers predict this growth trend will continue into the beginning of the next century, when older persons are expected to be one in every six Americans.

The pace of demographic change is matched by the expected change in the socioeconomic characteristics of the future aging. You and your immediate successors will be highly educated which reflects the advent of universal education. The value society has placed on higher education, and expanded opportunities for continuing education. Continuing medical advances will result in a healthier older population. It is likely that the income and other financial resources of the future older persons will be greater because of the expansion of public and private pension plans and implementation of federal income-support programs.

We will live in a society that has virtually completed the transition from a rural/agricultural economy to an urban/industrial one. F mily structure and support and kinship systems may differ.

These and other social and economic developments pose exciting challenges and opportunities. Traditionally, our policies and policymaking have focused on a current older population. While the needs of today are important, at this Conference we need to focus our attention and direct our energies to the profound changes an aging population will generate throughout our social and economic structure. A national policy on aging must look ahead and address the issues of an aging society that affect all segments of the population. It must encourage increased age integration as well as fair and concerned treatment for older persons. This Conference is a unique and timely opportunity to lead the nation in preparing for the needs of the future. You must develop a policy framework that is long-term and anticipatory -- not one that is short-term and reactive.

As a second consideration, I believe a national policy on aging must recognize that the vast majority of older persons are self-reliant. We have outgrown the myth that most older persons require society's intervention on their behalf. The elderly have resources and abilities. For example, approximately 72 percent of the older population are homeowners and about 80 percent of this group have no mortgage obligations. Most older persons are in good to excellent health. One look at this typical group makes clear that most older persons are independent. In fact, only 15 percent of those who today are over 60 are using the services of government. To continue negative stereotypes and constantly emphasize the problems and inability of some older persons to solve them serves only to unfairly diminish and demean this important group.

From your long years of experience, you recognize that public policy should promote private decisionmaking and problem resolution, while minimizing the intrusion of government. Too often the Federal Government has tried to supply all the answers. Older Americans should be more involved in meeting their own needs. Renewed attention should be given to this country's tradition of emphasizing self-help and voluntary contributions toward meeting individual and community needs.

Let me assure you that we do care. Government will not abandon its responsibility to those older persons in need. We are determined to improve the circumstances of those older persons who need assistance. But, at the same time, fiscal constraints require that we measure the true benefits of public programs against the dollars invested. We must target the available assistance to older persons with

greatest need. We must also improve the effectiveness and efficiency of services delivery through more imaginative planning, greater local control and decisionmaking, and increased participation by older persons in the process. We must help the truly needy and find ways to help others help themselves.

Our studies show that the greatest opportunity for continued self-reliance and independence is in the area of employment. Technological advances are already changing the face of the American labor market. This is bringing about new occupational demands and opportunities. At the same time, declining birth rates are shrinking the pool of younger workers. Older persons will therefore have job options they never could have considered before.

Despite past trends toward early retirement, there is growing evidence of interest among older persons in remaining in the labor force as full-time or part-time employees. Lou Harris' recently published survey, "Aging in the Eighties: America in Transition," found that 73 percent of those 65 or over who are currently in the labor force prefer to continue some kind of part-time work rather than retire completely. The figure is even higher among those aged 55 to 64. The survey also found that 67 percent of today's 55- to 64-year-old workers plan to retire no sooner than age 65 compared to only 57 percent in 1974.

Proposals to extend the employment of older persons who wish to continue working therefore deserve serious consideration at this Conference.

Several corporations already are pioneering the development of alternatives for older workers. Polaroid, for example has begun an "extension review program" allowing persons to continue working beyond the normal retirement age. Grumman Industries has a program to recruit and rehire those employees interested in returning to work either part-time or full-time. McDonald Corporation is developing a personnel and older recruitment kit for use throughout the country. Travelers' Insurance maintains a job bank of company retirees for short-term projects, substitute work, and other positions. The technological changes I have talked about are likely to produce various other adjustments in the private labor market aimed at the older worker.

The small business sector -- the historical backbone of growth in private sector employment -- presents another virtually unexplored target of opportunity. Using Older Americans Act funds, we in HDS have just launched an initiative in conjunction with the American Management Association designed to stimulate small business employers so they will retain and expand new job opportunities for older persons.

The effort will try to demonstrate to small business employers in both urban and rural areas that older persons are productive and that it is profitable to hire and retain older workers. Marketing techniques designed to foster voluntary efforts by small business will be designed and tested. Models for effective collaboration among the network, state and local governments and small businesses also be developed to pursue additional work in this the future.

Let us work together to take advantage of these opportunities and take action that will make a difference in promoting greater independence for older persons.

A third area -- the self-reliance of most older persons -- makes it imperative that a national policy on aging have the goal of taking full advantage of the initiative and energy of older persons. Collectively, you possess a range of skills and talents never before found in an older population. Society needs all the talents, experience, and wisdom it can muster to cope with a proliferating array of problems and demands. We should take advantage of this coming together of opportunity and need.

The Lou Harris survey I referred to earlier found that older persons want to remain active in society. Volunteer work is just one outlet. According to the survey, the level of volunteer activity among those aged 65 or over is about 22 percent. This means that about 5.7 million older persons are contributing their time to others. Of the rest, 10 percent said they would be interested in such opportunities.

Clearly, this is a resource we should pursue, not squander. Indeed, let us double or triple the percentage of those volunteering and ensure the opportunities to translate this interest into action.

I know that many of you are aware of and have used the talents of older persons -- not only as volunteers, but also as policymakers and advisors. For example, older persons are members of the advisory bodies of State and Area Agencies under the Older Americans Act and other State and community agencies. They provide counseling, tutoring, and other assistance to children in our schools. They help plan and manage community service programs. Yet, according to the Lou Harris survey, the harsh truth is that a clear majority of older persons -- and the general public -- do not believe that retirees have much influence in this country today.

I believe it is time we reversed these views and the facts that once supported them.

How we regard and use an extraordinary potential of human resources is a critical determinant of progress in the decades to come. We must actively promote a greater awareness of the untapped reservoir of talent, capacity, and interest that exists among older persons. We must capitalize on their initiative and energies by bringing them into activities far beyond the service provision role in meeting the challenges ahead.

My fourth observation concerns the need for a healthy economy. Central to a national policy on aging should be a goal of promoting those conditions that will enable older persons to maintain economic self-sufficiency. As you know, the best social service is a healthy economy. This Administration has taken important actions to promote long-term productivity and economic growth, which support this goal.

The President's Economic Recovery Program is specifically aimed at restoring health and vigor to the American economy. You may be familiar with its key features:

- To combat inflation, often called the "cruelest tax" on the elderly;
- To refocus Federal cash and in-kind assistance for those who are truly dependent on Federal support;
- To encourage savings and investment;
- To bring Federal spending under control; and
- To eliminate unnecessary and costly Federal regulation.

With continued help from leaders like you, the President's program will succeed and will produce the sounder economy and more stable financial future for older persons that we all agree are critical.

An integral part of the Administration's program is the recently enacted Economic Recovery Tax Act. In addition to meeting the President's objective of reducing Federal Taxation, it opens up numerous opportunities for all individuals to strengthen their current and future financial position through savings and investment. Several provisions are important to all of us -- especially those looking forward to retirement.

Beginning January 1, anyone and everyone who earns money, even those already in a pension plan, can establish an Individual Retirement Account and deduct their contributions -- up to $2,000 per individual or $2,250 with a nonworking spouse. Benefits can be substantial. For example, if you start a plan at age 55 and save $2,000 a year for 10 years, that $20,000 investment can grow to $39,300 at a 12 percent annual interest rate. This can provide from $4,800 to $6,000 a year for the life of both spouses. If you keep the IRA plan until age 70, the original investment can grow to $83,520. The new IRA provisions afford the dual advantage of assured income and a lower tax bracket.

This Administration also believes we must make necessary changes in our Social Security system. Over the past decade the system has faced financial difficulties that today are undermining the confidence of both recipients and workers. The President and Secretary Schweiker have emphasized their commitment to pulling the Social Security Trust Fund out of danger, maintaining the system's integrity and protecting the basic benefit structure for older people.

My fifth concern is partnerships. I believe that a national policy on aging must aim toward mobilizing the energies and resources of all elements of the private and public sectors involved with and serving the elderly. We must strengthen the partnerships already in place with academia and social welfare groups. But we must also reach out and enlist the help, resources, and expertise of other concerned groups such as corporations, unions, small business, professional and trade associations, foundations, and religious, civic, and fraternal organizations.

The commitment to increased public/private collaboration is very clearly illustrated by the President's recent establishment of a 36-member Task Force on Private Sector Initiatives, made up of citizens from business, philanthropy, religious, and civic organizations. The Task Force is intended to study ways in which private voluntary efforts can partially replace or supplement government programs.

In the Office of Human Development Services we have begun an initiative aimed at increasing the involvement of private business and voluntary organizations in meeting the needs of the persons we serve.

While we do not expect private enterprise to assume roles that are more appropriate for the public sector, the private response to human needs is impressive and expanding. The private sector is already engaged in matching employee contributions to charity and in supporting the development and distribution of health and nutrition information for older persons. I was also interested to learn that Travelers' Insurance recently invited the submission of proposals for funding by the corporation on the subjects of Older Workers Employment and Health and Aging. To my knowledge, this is the first initiative of its kind undertaken by a major corporation. And it represents still another opportunity to join forces in expanding the network and resources involved in aging.

Successful cooperation among all interests at all levels, in concert with older persons, can make a difference in shaping the direction of aging policy and in fulfilling society's responsibilities to its oldest members. But I also believe that the most important partnerships are those we forge in our own communities -- society's vital center, where we find older persons, the family, the neighborhood, and the work place.

My last observation is that I believe a national policy on aging should reaffirm the values of individual self-determination and decisionmaking at the level closest to the people -- the States and local communities.

A cornerstone of this Administration's program is to reduce the size of the Federal Government while restoring authority and autonomy to States and local communities. This "New Federalism" stems in part from our conviction that the Federal Government has assumed functions it was never intended to perform and which it does not perform well. We are therefore in the process of returning authority to the States and to the people to decide how their monies should be spent and for what purposes. This conforms to a belief that the States and localities are better positioned to know the particular needs of their areas and can tailor their programs and budgets accordingly.

Each level of government has an appropriate and needed contribution to make with respect to older persons. We should concentrate our attention, however, on helping individuals and communities develop greater reliance rather than on attempting to use a costly Federal bureaucracy to solve local and individual problems. The principles of self-determination and decisionmaking closest to the people should guide our policies and actions.

In closing, you know that this Conference is being held during a period of tremendous social and economic change. This climate obviously makes the task of crafting a workable national policy on aging an even greater challenge. Your presence, however, continues a Conference tradition of citizen participation in government and in the decisions that affect your lives. This Conference has enabled people from across the nation to assemble and meet the challenge -- to shape a policy not only for today, but more importantly, for the future well-being and economic prosperity of the Nation and its older citizens.

You bring a wealth of diverse ideas and experience to your task. I look to you for leadership in taking the bold steps necessary to chart a course of action for the future -- not only at this Conference, but also in your States and communities. Especially, I am counting on you because I am a member of the future older generation.

Keynote Address by Dr. Lennie-Marie P. Tolliver, Commissioner on Aging

Today, you and I and the hundreds of others who participated in the pre-White House Conference Activities in their communities and States are aware that the 1981 White House Conference on Aging is taking place in a rapidly changing social-economic-political environment.

Earlier White House Conferences on Aging were held in periods characterized by a relatively stable economy, a proportionately smaller though growing number of older people, and a rising capability on the part of the Federal Government to assume responsibility for expanding health, welfare, housing and related programs for people of all ages.

The societal climate within which the 1981 White House Conference on Aging is being held is quite different. For example:

- The longevity of our population is increasing, particularly for the unprecedented proportions of persons who reach ages 60 and 65.
- Correspondingly, the older population continues to grow. Each year, America's older population -- 36 million 60 years of age and over today -- is increasing by three-quarters of a million each year.
- By the year 2000 they will number 42 million. By 2020 to 2025, the annual increase will be on the order of one and a half million.
- Numbers and proportions in the highest ages are increasing even more dramatically. In the year 2,000, today's population 75 years of age and over will have grown from 10.0 million to 14.4 million, or from 28.0 percent to 34.3 percent of the 60-years-and-older group. As we all know, the need for supportive services rises with age, becoming almost universal among those 85 years of age and older.
- The 1981 Conference is taking place, as we are all aware, in a period of fiscal restraint. The lower level of economic activity characteristic of the past several years and high inflation are limiting funds available for social programs, including public and private pension systems for our longer-lived elderly. It is reassuring to know that efforts are being made by the Administration to bring federal spending and federal revenue into balance and to bring down the level of inflation.

- The Administration is also reversing the trend toward centralization of responsibility for health and welfare programs in the Federal Government and returning decisionmaking for programs and fiscal responsibility and revenues to States and communities.

White House Conferences have a venerable history. The first White House Conference was convened in 1907 by President Theodore Roosevelt. The focus of this pioneering conference -- held in the White House itself -- was conservation of natural resources.

A White House Conference on Care of Dependent Children, held in 1909, was the precursor of a long series of White House Conferences on Children and Youth. The conferences on children and youth and their impacts on maternal and child welfare became models for the White House Conferences on Aging launched in 1950. The White House Conferences on Aging are the only others that have recurred every 10 years.

Let me share with you briefly some of the landmark consequences of previous White House Conferences on Aging.

The Exploratory 1950 National Conference on Aging identified and alerted citizens of this country to the circumstances of older people and to some of their implications for society. Social Security coverage was broadened, legislation authorizing Federal, State and community support of social services for older people was passed. The Federal Security Agency established a Committee on Aging and Geriatrics, forerunner to the Administration on Aging. In 1956, the Congress amended the National Housing Act to make especially designed housing available to the elderly.

1961 White House Conference on Aging recommendations resulted in passage of the Older Americans Act of 1965, which created the Administration on Aging, and in the establishment of an official agency of aging in each State and territory.

Titles XVIII and XIX were added to the Social Security Act directing creation of Medicare and Medicaid.

The Age Discrimination Act was passed in 1967.

Deliberations and recommendations of the delegates to the **1971 White House Conference on Aging** led to the development of the National Nutrition program; to putting the Federal/State/area national network on aging into place; to establishment of the National Institute on Aging and of a Special Committee on Aging in the House of Representatives. Legislation providing for a 20 percent increase in Social Security benefits was enacted, followed by legislation providing for

automatic cost-of-living increases in social security benefits and other public pension programs. Supplemental Security Income to guarantee a basic income to all older persons was enacted.

Federal legislation provided for housing allowances for low-income older persons and most States made provisions for property tax recisions for older home owners.

The Congress authorized and appropriated funds to train personnel for employment in the field of aging, for research and demonstration programs addressed to improving delivery of services to older people, and for fostering transportation services for the elderly.

Today, it is possible to report that more than a dozen Federal departments and agencies are fostering development of programs and facilities for older people. The national network on aging embraces 57 State and territorial units on aging, there 645 Area Agencies on Aging, more than 1,100 nutrition projects serving meals at 11,000 sites, and upward of 5,000 multipurpose senior centers. Public and private agencies in scores of communities are coordinating their services with the activities of the national network to alleviate the effect of deleterious circumstances that afflict most people at some time during the later stages of life. And many are affording opportunities to enable older people to remain active participants in societal affairs.

I should like to say as a professor of social work, that the national network on aging represents one of the boldest steps ever undertaken in national, State, and area agencies. Older people are involved in the planning, decision making and sometimes in the delivery of services to meet their needs or enhance the quality of their lives. Reaching into every country in the land, persons at the local level are being signally successful, as you know, in bringing the energies and imaginations of the public, private, nonprofit, and corporate sectors into harness and for making ameliorative services and new opportunities available to the thousands of older people eager to take advantage of them.

More than 300 national nongovernment, professional and voluntary organizations in health, welfare, education, housing and community service fields have contributed directly and through their local counterparts, most of their participants to the White House Conference on Aging. They have made major impacts on Conference recommendations and long-lasting commitments to alleviating problems and meeting needs of older people.

- In the area of health, new concepts of wellness in the later years have been developed, the field of geriatrics has been established, health maintenance organizations with an emphasis on prevention have been created, adult day health centers are being developed and a wide range of home health services are being provided.
- In the field of living arrangements and housing, voluntary organizations, often in partnership with public agencies and the corporate sector, have given us homes for older people and a variety of housing for those able to live independently.
- Institutions of higher education, private and public alike, have equipped thousands of persons with specialized knowledge and skills required for planning and providing facilities and services for older people.
- Three and a half million middle-aged and older adults are enrolled in 800 post-secondary institutions taking 900 different courses. The most popular areas are the humanities and sciences, courses providing new skills for work or creative self-expression, and courses designed to assist in coping with age-associated problems.

Private enterprise has responded to White House Conference recommendations and other forces by:

- Developing pension systems for superannuated workers.
- Owning and operating 14,000 skilled nursing and intermediate care homes.
- Building and operating retirement communities in many parts of the country.
- Designing and manufacturing furniture, clothing, and food suited to the needs and preferences of older people.
- Hiring older workers and offering retirement preparation programs.
- Contributing funds and skilled personnel to programs for older people in communities where their establishments are located.

I have identified some of the significant activities of public, private nonprofit, and corporate sectors to communicate to you the wide range of actions that have taken place pursuant to White House Conferences on Aging. I am confident that this record of achievement will assure you that your investment of time, energy and wisdom will be a valued investment in years to come for those older persons who are still in need and for those older persons who want to continue to be contributing members to society.

The three previous national conferences on aging held in 1950, 1961, and 1971 produced an aggregate of well over 1,500 recommendations.

As delegates, you are charged with being catalyzers and advocates of policy and action proposals on behalf of:

- Yourself if you are an older person,
- The older people you represent,
- Your future selves, because each of us hopes and expects someday to be an older person.

Thus, It becomes self-evident that we have a vested interest in the future.

This 1981 Conference, like most White House Conferences, has two broad objectives. The first is to achieve a set of immediate, short-range objectives inherent to the conference process: The second objective is to recommend a series of changes designed to enable older persons to live life with dignity in an environment that supports, to the maximum extent possible, their independence.

With respect to the first purpose, a White House Conference may serve --

- To provide opportunity for a President to give expression to concern over a problematic or new or challenging social development; such as population aging:
- To serve as a sounding board for government officials or the Congress to obtain reactions to a proposed program or legislation:
- To afford opportunity for interested persons to explore an area of concern and to formulate policy and action proposals that can be transmitted to the President, the Congress, and to other decisionmakers in the public and private sectors:
- To broaden public awareness of a major, often problematic social situation:
- To increase the number of persons and organizations committed to work with and on behalf of older people.

All of these objectives describe the preparatory work in which you have been engaged for many months and some of the activities of this week.

The second category of intended actions pursuant to a White House Conference is that of altering the culture of social system. This may include change in societal attitudes, values, social structure, intergroup relationships, or functions of institutions, agencies, and organizations.

A fundamental change, for example stemming in part from the actions of older people themselves, energized by the succession of White House Conferences on Aging, has taken place in societal attitudes toward the later stages of life and toward older people. The pervasive negative stereotype of the aging process and of aging and older persons developed during the 20th century industrial transformation has been giving way to widespread recognition that increasingly healthy and longer-lived older people represent a national resource continuously valuable to society.

As President Reagan said in addressing the State White House Conferences preparatory to the National meeting, "The elderly are a great resource, a resource that is too often left largely untapped. We must find ways to encourage their contributions of knowledge, wisdom, and talent. We are a society looking to renew itself. Who better to turn to than those who know the society we have been. Our renewal must grow out of the richness of the past."

A White House Conference is not an isolated, self-contained event taking place at a given moment in time. Instead, the conference takes place within an on-going milieu characterized by a flow of knowledge from experience, evaluation and research; meetings and conferences of interest groups, communities and States; expressed concerns of a variety of specialized groups: and legislative hearings and enactments -- all aimed at changing the direction for the people of America to travel in the decade ahead. In such a dynamic environment, you have the responsibility to serve as an agent to develop new directions for services and for programs for our older citizens extending the range and depth of commitment and action on their behalf.

As many of you are aware, the United Nations will convene a World assembly on Aging in Vienna, Austria, in July 1982. The United States through the Department of State and the Department of Health and Human Services, including the Administration on Aging, has been a major force in planning the Assembly. This first worldwide conference is dedicated to arriving at proposals targeted toward meeting the basic needs and enhancing the quality of life of older people in the developed and developing countries of the world.

The recommendations from this Conference on aging will impact on this country's presentation to the Assembly and will be expected to impact on the positions taken by the delegates. Some of the results of your efforts will be heard around the world.

In closing my remarks I should like to share with you a poem which I believe symbolizes the potential role of older people in our society and the linkage in society between the young and the old.

The poem by Will Allen Dromgoole, is entitled, "The Bridge Builder",

An old man, going a long highway,
Came at the evening, cold and gray,
To a chasm, vast and deep and wide,
Through which was flowing a sullen tide.
The old man crossed in the twilight dim--
That sullen stream had no fears for him:
But he turned, when he reached the other side
And built a bridge to span the tide.

"Old man," said a fellow pilgrim near,
"You are wasting strength in building here.
Your journey will end with the ending day;
You never again must pass this way.
You have crossed the chasm, deep and wide,
Why build you the bridge at the eventide?"

The builder lifted his old gray head.
"Good Friend, in the path I have come," He said,
"There followeth after me today
A youth whose feet must pass this way,
This chasm that has been naught to me
To that fair-haired youth may a pitfall be.
He, too, must cross in the twilight dim;
Good friend, I am building the bridge for him."

As we proceed in this Conference, I pray that strength and courage will be given to all who work for reason and understanding; that the good that lies in every person's heart will be magnified: That you may come to see more clearly not that which divides you but that which unites you, and that you will plan for the future with confidence.

Chapter 7

THE FINAL REPORT

From Process to Policy

The word *policy* is found nine times in the enabling legislation for the 1981 White House Conference on Aging, the most significant occurrence being in Section 203(c) of the Act calling for inclusion in the final report of "a statement of a comprehensive coherent national policy on aging."

How policy develops, what the components of policy decisions are, and even the definition of policy have been subjects of much study and discussion in the last decade. Policies, whether self-imposed or set forth by social institutions, have great influence on the lives of individuals. The words *tax policy, church policy,* and *family policy,* to name a few, immediately suggest expected actions for most Americans.

Some policies are written. Others are stated verbally. Still others can only be partially defined, by observing the behavior of individuals and groups and deducing certain underlying values that lead to that behavior. Most written policies serve as guidelines for making decisions, with the expectation that in the aggregate these decisions will achieve the written policy sometime in the future. Other policies are implemented directly.

At the beginning of the 1981 White House Conference on Aging it was decided to focus on a societal mission. The basic premise was that the public sector is not, cannot, and should not be the primary agent influencing the lives of the elderly and that all social institutions should have the opportunity to be involved in rethinking policies in the context of an aging society.

About midway between the 1971 and 1981 White House Conferences on Aging, in 1976, a conference was held by the Committee on Human Development at the University of Chicago entitled "Social Policy, Social Ethics, and the Aging Society." One of the papers presented at the conference states that our country does not have a social policy on aging, if such is defined as an intentional, coherent, overall plan setting forth what the country should do about aged persons. It further stated that while many different programs exist to benefit the elderly directly or indirectly, activity is not synonymous with policy; policy sets forth goals and programs, but activities intended to implement those goals often fall short of or sometimes contradict them.

Three years later, in 1979, when planning for the 1981 White House Conference was just beginning, Robert H. Binstock of Brandeis University published an article in the *National Journal* stressing the important opportunity presented by the 1981 Conference to review national policies on aging; clarify goals; and consider means, costs, and the willingness of decisionmakers to take the necessary steps to achieve these goals. Binstock emphasized, as did the 1976 University of Chicago conference, the need to reshape policy agendas on aging, transcend the usual incremental program revisions, and collectively confront the responsibility for an aging society.

No one sector of society alone could develop the comprehensive coherent national policy on aging nor be totally responsible for implementing it. Phase I and II of the operational plan for the 1981 White House Conference on Aging provided for a social interaction process to engage many sectors of society in shaping the policy on aging. That social interaction, culminating in the national meeting and explored further through the post-Conference survey of the delegates and observers, laid the groundwork for formulating the comprehensive coherent national policy on aging.

Beyond the National Meeting to National Policy

The procedural rules promulgated by the Secretary of Health and Human Services stated that the final report of the Conference would be based on the following elements:*

- Reports of the Committees of the Conference
- The vote of the plenary session of the Conference on the acceptance of the summary reports of the Committees
- Personal judgments of all delegates and observers on all recommendations, supplemental statements, and additional views contained in all Committee reports

Committee reports, including recommendations, supplemental statements, and additional views, were analyzed by the respective Committee's staff director in order to develop a synthesis for use in formulating the comprehensive coherent national policy. Also analyzed were the results of the post-Conference survey of delegates and observers concerning the recommendations of the 14 Committees.

Using these materials, a small team of analysts began to prepare the final report. Duplicate and contradictory recommendations were identified, costs were estimated, and recommendations were grouped in new ways to make their presentation more coherent. From this process the centerpiece of this report, Volume 1, the Comprehensive Coherent National Policy on Aging gradually emerged.

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*The texts of these elements are included in this report: Reports of the Conference Committees are in this volume, beginning on page 72.

The recommendations, supplementary statements, and additional views are included in Volume 3, starting at page 81.

The personal judgments of delegates and observers, as measured by the post-Conference survey, are also in Volume 3, starting at page 46.

Chapter 8

SUMMARY REPORTS OF THE CONFERENCE COMMITTEES

Under the Conference Rules of Procedure, Committee chairmen or designees were required to present at the final plenary session a brief summary report of recommendations, supplemental statements, and additional views of their committees. Copies of the reports were made available to each delegate. The rules required that the Chairman of the Conference put the question, "Shall the summary reports be accepted?" after the presentations were concluded and that the question be decided without further debate or amendment.

The summary reports of all 14 Conference committees are presented below, each in its *original format.*

Committee 1

Implications for the Economy of an Aging Population

Chairman: Kenneth R. Austin
Vice-Chairman: Anna V. Brown
Staff Director: Ronald F. Hoffman

Committee 1 passed resolutions in five major subject areas:

A. Increased workforce participation
B. Increased rates of saving and investment
C. Inflation control
D. Income adequacy
E. Social Security

The following are the resolutions and associated alternative views, specifically designated as either supplemental statements (representing at least a 20% vote) or additional views (representing at least a 10% vote).*

A. Increased Workforce Participation

Be it resolved that:

1. We should reduce or eliminate all restrictions on older workers with particular reference to mandatory retirement, age, sex, or race discrimination, and the lack of sufficient or adequate incentives. Employers should be encouraged to hire older workers on a part-time, temporary, or shared basis, working on flexible schedules if they are able and willing to work.
2. Social Security recipients should be allowed to earn the equivalent of the average earnings covered under Social Security, without suffering reductions in their Social Security benefits.

   Supplemental statement: at least 20% voted for complete elimination of the earnings test.
3. Federal, State, and local government should set an example by hiring the elderly and minorities.

   Supplemental statement: at least 20% voted that funds should be available to establish organizations to create job opportunities for the elderly nationally and further, that tax incentives be granted to private sector employers for hiring older workers.
4. Any legislation encouraging part-time, flexitime, or shared employment shall not result in savings of the cost of labor to the employer by paying less than the usual wage for full-time employees or by elimination of fringe benefits for less than full-time workers.
5. Educational programs should be utilized to provide skilled training, job counseling, and placement for older men and women in order to initiate, enhance, and continue their voluntary participation in the workforce.

B. Increased Savings and Investment

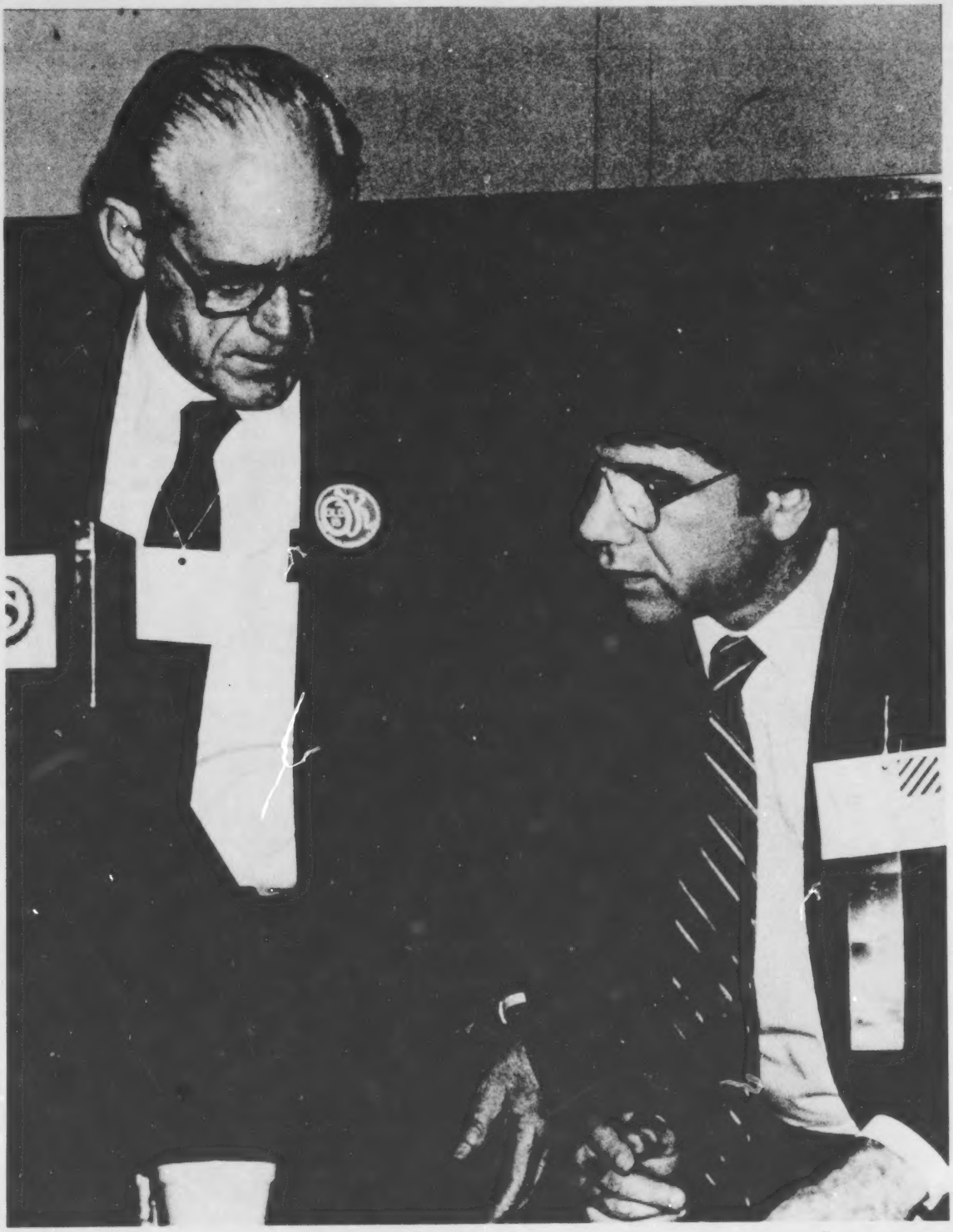
Be it resolved that:

1. Policies should be followed that will increase the rate of saving and investment in the U.S. economy.

   Supplemental statement: at least 20% voted that though we recognize the need for increased investment aimed at improved productivity and economic growth, this can and should be done without opening up new tax loopholes that would unduly benefit wealthy individuals and large corporations.

*NOTE: Committee 1 voted to dispense with the requirement that supplemental statements and additional views be accompanied by signed statements, deciding instead, in specific instances where it was so moved, to use the votes on the issues to determine whether the statements would be included in the report.

2. Laws and regulations limiting the rate of interest institutions can pay to small savers should be removed as soon as possible.



3. In view of inflation, more tax relief should be provided for the elderly who rely on fixed incomes from dividends, interest on savings and U.S. Savings Bonds. Further, special tax relief be given at the time of cashing in War Bonds and similar Government Bonds.

4. Tax incentives should be given to companies and corporations to provide pension plans for all workers in the labor market. Private pensions should be vested after five years of employment and should also be portable from one company to another if the employee desires to change jobs. The spouse should share in benefits if the worker dies.

C. Control of Inflation

Be it resolved that:

1. Inflation is of overriding importance to the elderly. The highest priority should be given to macroeconomic policies to stop inflation.

Inflation should be controlled by a program consisting of the following:

2. Moderate, steady, and certain growth in the money supply. Additional view: at least 10% voted to oppose the above resolution.

3. Reduce the growth of Federal budget outlays.

4. Reduce marginal tax rates.

5. Eliminate government regulations that impose costs well in excess of their benefits.

6. Balance the budget in an effective anti-inflation plan.

7. In those sectors where regulatory action would be appropriate to promote price competition such action should be taken.

Supplemental statement: at least 20% voted to oppose the above resolution.

8. The government at all levels should be wary of imposing any price, cost, or tax increases or additions that can be inflationary.

9. The government should refrain from erecting new regulatory barriers that discourage or lessen competition.

10. The public obsession with the fallacious inevitability of inflation must be overcome.

11. There should be legislation mandating cash discounts in lieu of the use of credit cards.

Supplemental statement: at least 20% voted to oppose the above resolution.

12. The resolutions of this committee should be used in ways that do *not* reduce current benefits available to older Americans such as SSI, medical assistance, in-home services, and meals on wheels.

Supplemental statement: at least 20% voted that Congress should enact legislation giving the President standby authority to impose wage and price controls on a selective basis in those sectors of the economy that are leading in the inflation surge.

Additional view: at least 10% voted that Congress should act promptly to rebuild the personal income tax base by reducing or eliminating unnecessary tax expenditures — exemptions and deductions — or cutting back or postponing the scheduled reductions in personal income tax rates in order to assure the achievement of a balanced Federal budget.

D. Income Adequacy

Be it resolved that:

1. Consumer education programs should be developed and implemented for the purpose of preserving the economic well being of the elderly. Such programs must prevent consumer fraud and provide a forum through which senior adults may advise producers and vendors of their needs.

2. An increased transfer program, targeted on the poorest elderly, should be established consistent with the Bureau of Labor Statistics Intermediate Budget for Retired Persons.

3. Widows, widowers, and single elderly individuals should be allowed to qualify as heads-of-household and to use the preferential tax rates.

4. Legislation should be enacted to remove or substantially revise the adjusted gross income limits on tax credits for the elderly.

E. Social Security

Be it resolved that:

1. Social Security is the retirement foundation for all Americans. Current eligibility conditions, retirement ages, and benefit levels in Social Security should be safeguarded. Short-term financing problems of the system can be addressed through relatively simple means. Solutions for the longer shortfalls demand painstaking scrutiny. Reform should enhance rather than diminish protection.

Supplemental statement: at least 20% voted that the solvency of the Social Security Trust Funds should be guaranteed by the infusion of funds from general revenues on a planned basis.

Supplemental statement: at least 20% voted that the Special Task Force to be appointed by the President, Speaker of the House, and Senate Majority Leader should be directed to study and make recommendations as to whether the disparity in life expectancy between blacks and other minorities and persons in the majority population justify different Social Security age eligibility requirements and/or different payroll tax rates that reflect the disparity in mortality rates.

2. Social Security payments should be increased on an actuarially sound basis for workers delaying their retirement beyond age 65.

Committee 2
Economic Well-Being

Chairman: Robert Steele
Vice Chairman: Robert Bynum
Staff Director: Anthony Pellechio

The Committee on Economic Well-Being recognized that over the past two generations this Nation has had a four-tiered approach to providing retirement income, and that this approach, while needing improvement, worked well. These tiers are (1) Social Security, (2) occupational pensions, (3) private pensions, and (4) needs-tested programs. The Committee recognized that a strong economy is essential to the maintenance and improvement in any of these tiers. The Committee therefore urged that the Administration and the Congress take steps to control unemployment, interest rates, and especially inflation, which significantly affect the elderly.

The Committee was greatly concerned with the financial integrity of the Social Security system. In its extensive deliberations on this subject, the Committee voted:

- That the traditional means for financing Social Security, the payroll tax, be preserved and that the use of general revenues would jeopardize the fiscal integrity of the Social Security (OASI and DI) funds;
- That interfund borrowing among the OASI, DI and HI Trust funds be permitted;
- That a nonpartisan commission invest the Social Security funds;
- That uncashed Social Security checks be credited to the Social Security funds instead of the general fund.

Reflecting their concern that that OASDI benefit structure be preserved and enhanced, the Committee voted:

- That the Conference strongly opposes any reduction in benefits being paid current Social Security recipients and strongly recommends that Congress and the Administration make every possible and fiscally reasonable effort, with regard to the security of the Social Security system, to maintain no less than the real protection which Social Security currently provides to all participants.
- To restore the minimum benefit for present and future beneficiaries.
- To reinstate Social Security college student benefits for children of Vietnam veterans.
- To maintain the early retirement option with no change in current adjustments, to eliminate the earning test at age 65, and to provide inducements for late retirement.
- To increase the delayed retirement credit if the earnings test at age 65 is not removed.

Rejected was the notion of tying benefits directly to employee's prior payroll tax contributions rather than continuing the current benefit computation. Also rejected was a recommendation to permit Social Security beneficiaries to choose to receive tax-free, interest-bearing bonds in lieu of monthly checks. This idea was subsequently submitted as a report of additional views.

The Committee examined ways to improve the economic well-being of the elderly by strengthening the role of private pensions. The Committee supported:

- Earlier vesting and greater portability of individual pension rights;
- Adequate funding of pension funds;
- Tax incentives for employers to provide pensions;
- The requirement that both spouses agree to a waiver of survivor benefits.

In addition, to increase the purchasing power of income from private sources, the Committee resolved that tax exempt levels in the Federal income tax be increased significantly for each aged individual.

The Committee sought to make sure that every avenue be open for the elderly to contribute to their own economic well-being by working. The Committee supported:

- Flexible work options, especially in the Federal government as a model employer.
- Preretirement planning.
- Removal of the upper age limit and all exceptions in the Age Discrimination in Employment Act.
- Continued funding for Federal programs that employ the elderly.

Reflecting their concern for the most needy of the elderly, the delegates passed the following resolutions:

- That SSI payments should immediately be raised to the poverty line and that eligibility be determined without regard to assets.
- To eliminate the one-third reduction in SSI benefits for those living in the home of another.
- To raise the assets limit in SSI to $2500 in the event that the assets test is not eliminated.
- That veterans' pensions should not be reduced for those receiving Social Security.

Finally, after commending the Congress and the Administration on their efforts to date in supporting Social Security and controlling inflation, the Committee voted to urge that Congress give full support to carrying out its resolutions, especially the one that calls upon Congress to make every possible and fiscally reasonable effort to maintain no less than the real protection that Social Security currently provides to all participants.

In addition to the report of additional views mentioned earlier, a supplemental statement carrying 35 signatures has been filed which endorses the principal recommendations of the Technical Committee on Retirement Income of the 1981 White House Conference on Aging.

Committee 3
Older Americans as a Continuing Resource

Chairman: James Balog
Vice Chairman: Consuelo L. Garcia
Staff Director: Ed Snyder

In the brief time available, I will convey the sense of what we accomplished together as a group in the Committee on Older Americans as a Continuing Resource.

My remarks cannot do justice to the many excellent ideas and recommendations of our group. Our numerous recommendations will be permanently recorded in the Report of the Conference.

In our deliberations we were cognizant of the fact that we are presenting an agenda for a decade of progress. In the utilization and handling of this great and growing resource of Older Americans, we fully appreciate that this agenda cannot be enacted in months, or in one year. We submit it as a blueprint for progress in the 1980s. Yet there are many recommendations that have a greater sense of urgency and must be addressed promptly by all levels of government.

We utilized heavily the excellent report of the Technical Committee on Older Americans as a Growing Resource. In addition, the report of the Technical Committee on Employment served as a valuable resource for our Committee. Indeed, the Committee adopted recommendations in both reports with only minor modifications. I commend these technical reports to this entire audience for their study, as they concisely express much of this blueprint for the 1980s.

One of our members created and we adopted a less technical summary: a Bill of Rights for Older Americans.

1. The right to be heard.
2. The right to economic well-being.
3. The right to function in the mainstream of American life to their fullest potential.
4. The right to freedom from discrimination because of age, race, sex, creed, or marital status.
5. The right to freedom of choice in housing, working, volunteering, health care, and social lifestyle.
6. The right to adequate and affordable housing.
7. The right to health maintenance and health care.

Turning now to our more specific concerns and recommendations, our Committee is opposed to all forms of discrimination on the basis of age and recommends that:

The Congress be requested to enact legislation ending mandatory retirement in the private employment sector, presently established at age 70, thereby putting citizens employed in that sector on a plane equal to that provided for employees of the public sector.

Discriminatory policies should be replaced with positive efforts to retain older workers, who wish to remain employed, such as part-time employment, flexitime, job scope step-down, job-sharing, and retraining.

Federal employment programs such as Title V of the Older Americans Act, should continue to receive adequate funding.

The voluntary departure of older Americans from the full-time active work force provides an enormous reservoir of human resources and expertise for volunteer community service throughout our society. This is particularly true in this period of our nation's economic life when community and social services are being cut back. The role of older Americans is crucial. The wisdom, expertise, and moral guidance that older Americans have accumulated is invaluable.

We recommend that volunteerism be encouraged by the continued development of an income tax system that rewards volunteerism through tax incentives and reimbursed personal expenditures, and that Federal volunteer programs be maintained and increased. Further, we recommend that National, regional, State and local voluntary organizations and religious and other institutions be mobilized in this effort.

The security of their retirement income must be assured if older Americans are to be a continuing resource. Among several resolutions we offer in this area, the following two stand out:

1. If in its wisdom, Congress deems such action necessary, there should be a transfer of general revenue funds to Social Security.
2. Congress should eliminate the Social Security "Earnings Limitation" for older workers.

The Committee devoted significant attention to the question of minority rights. Indeed, older Americans themselves have in the past been under-represented in various Federal programs such as CETA. Several of our resolutions deal with the fact that many programs do not equally distribute benefits among minority groups.

The heart of our national policy on aging for the '80s should be the promotion of older Americans as a continuing and growing resource. Our recommendations are offered toward that goal. Older Americans are too often considered a problem. We are of the strong conviction that older Americans can be part of the *solution* to the challenges facing this country in the decade ahead.

Committee 4

Promotion and Maintenance of Wellness

Chairman: Madge L. Myers
Vice-Chairman: Virginia Boyack, Ph.D.
Staff Director: Holly Caldwell

The Committee Agenda was made up of five issues:

1. The role of nutrition, exercise, stress, and activity in the promotion and maintenance of wellness
2. The role of health, education across the adult life cycle
3. The role of the economics of wellness
4. The role of self-care and mutual help
5. The role of substance misuse — including drugs, alcohol, and tobacco — in the maintenance of wellness.

The resolutions passed by issue are as follows:

ISSUE #1: The role of nutrition, exercise, stress, and activity in the promotion and maintenance of wellness

Be it resolved that:

- Government agencies and private agencies be urged to disseminate information to the elderly stressing: (1) the importance of good nutrition, exercise, and an active lifestyle to their physical well-being; and (2) specific guidelines for doing so.
- To promote and maintain a sense of well-being among seniors, mental, spiritual, and physical health should be included in all concerns.
- We should develop a national health care policy that includes programs at all levels of community structure in order to provide nutritional assessments, exercise programs, and health care management for all citizens.
- Nutrition programs for older Americans shall include provisions for nutrition education, transportation services, and recognition of special populations. This shall be done in partnership between public, private and nonprofit sectors.
- Registered dieticians should be reimbursed by Medicare, Medicaid and private insurance for counseling services on physician-prescribed therapeutic diets.

MINORITY REPORTS:

- One supplemental statement in opposition to the resolution on reimbursement of registered dieticians.

80

- One additional view that nutrition programs for the elderly include special services for minority populations.

ISSUE #2: The role of health education across the adult life cycle

Be it resolved that:

- Community mental health centers be required to allocate mental health professional and support staff and funds *proportionate* to the percentage of older adults in the catchment area.
- Since individuals make decisions regarding health and wellness, educational programs must address motivation of individuals.
- Education in geriatrics, gerontology for health professionals — including but not limited to medicine, nursing, physical and occupational therapy, audiology, psychology, pharmacy, podiatry, public health, optometry, and dentistry — should be required by the accrediting bodies for each of these professions.
- The elderly be further educated in the safe and effective use of prescription medicines, and that industry, consumers, health professionals, and government officials provide for the continued transfer of safe and effective prescription-only ingredients to nonprescription (over-the-counter) status.

ISSUE #3: The economics of wellness

Be it resolved that:

- Tax incentives be given to companies who sponsor preretirement and postretirement programs that include the promotion and maintenance of wellness.
- This Committee goes on record endorsing the passage of HR 3827, sponsored by the Honorable Claude Pepper, on June 4, 1981, and other legislation that will require reimbursement of individuals for expenses paid for preventive care and the maintenance of wellness.
- The Congress and the President should develop a national health policy, involving Federal, State, and local governments and the private sector, which will cover all groups and which will guarantee all Americans full and comprehensive health services, irrespective of income, and allow consumer access to information and assure national health planning and control.
- The Federal Government should encourage preventive care to avoid institutionalization by providing reimbursement for such services as (a) relevant immunizations, (b) periodic screening, and (c) basic physical examinations for older persons.
- We affirm support of the HMO Act of 1973 as amended in 1976 and 1978. We recommend that the Federal Government's role be strengthened by amending regulations that restrict Medicare reimbursement on a capitated basis.
- Two additional view statements that any studies of national health policy should consider cost implications of any service expansion.
- One additional view that the Committee was irresponsible in not discussing the fiscal impact of the resolutions it passed.

ISSUE #4: The role of self-care and mutual help

Be it resolved that:

- Self-care and mutual help programs for older people be provided by public and private funds. These programs will provide the consumer with direct access to the health professional of their choice, as needed for the promotion and maintenance of health through self-care and mutual help.
- To remain independent, people with non-insulin-dependent diabetes and cardiorenal and hypertension problems must follow carefully planned, physician-prescribed therapeutic diets and regimens. Counseling should be provided by registered dietitians, paid by Medicare, Medicaid, and private insurers.
- To support mutual help, tax credits should be provided for families who are paying for home care assistance, respite care, transportation, and other services for elderly family members who either reside with their families or independently.
- A coordinated program should be developed to disseminate information to acquaint older Americans in every community with all the available resources for in-home care.
- Self-care, mutual help, and health assessment/health counseling programs be established in, but not limited to, such focal points as senior multipurpose centers, meal sites, adult day care centers, religious senior centers, and housing centers.
- The Secretary of the Department of Health and Human Services should encourage the private sector to support demonstration projects in self-care.
- The financial resources of local, State, and national agencies, and health insurance entities

be so designed that family members be paid a wage for caring for loved ones at home.

- Health assessment centers be established for older Americans as a special effort toward promoting and maintaining wellness. These would serve as health education resource centers and a means of coordinating and ensuring appropriate use of health services.
- The Federal Government should provide financial support for the development of nationwide demonstration projects in geriatric health promotion which include all the elements of the wellness approach: self-responsibility, physical fitness, stress management, and nutritional and environmental awareness.

MINORITY REPORTS

- One additional view opposing any decrease in government regulation at prescription medications.
- One additional view in the form of a report entitled. "Aging and Health: The Role of Self-Medication," submitted for the record.
- One additional view opposing government payment to family members for caring for home-bound relatives.
- One additional view requesting a cost-benefit analysis of assessment centers and calling for no additional Federal funds to be spent on assessment centers.

ISSUE #5: The role of substance misuse — including drugs, alcohol, and tobacco — in the maintenance of wellness.

Be it resolved that:

- We increase the taxes on tobacco and alcohol and use the increased resources to promote public education programs to combat the long-term harm of these substances.
- Elderly people be routinely cautioned about the potential hazards of drug-alcohol interactions.
- The public and private sectors combine efforts to direct a public education and service campaign to disseminate information concerning interaction among drugs and between alcohol and drugs.
- The Federal Government not subsidize toxic substances including, but not limited to, alcohol, tobacco, pesticides, and harmful food additives.

MINORITY REPORTS

- One additional view to delete the word "pesticide" in the resolution on Government subsidy of toxic substances.
- One additional view that no person be denied physician-approved medication because of inability to pay.

This concludes the resolutions, supplemental statements, and additional views on our five agenda items. There were three general minority reports as follows:

- One additional view that the Committee did not appropriately use the experts provided, and that its resolutions would probably have been different and of greater ultimate benefit to the elderly if it had used the experts.
- One supplemental statement that the Committee's report be voted on by the Conference separate from the other 13 Committees' reports.
- One additional view on this same (above) request.

Committee 5

Health Care and Services

Chairman: Dr. William R. Hunt, M.D.
Vice-Chairman: Dr. Jerald Schenken
Staff Director: Larry A. Oday

The Committee on Health Care and Services passed 38 resolutions covering issues in four broad subject areas. We shall describe the resolutions, as well as the supplemental statements and additional views in each of the four agenda areas.

I. REIMBURSEMENT AND FINANCING

A. Four resolutions were passed, after debate, endorsing the following:
   1. Tax credits as an incentive for families to maintain elderly relatives in their homes;
   2. Prospective payment, under Medicare and Medicaid, to institutions;
   3. Prospective payment, under Medicare and Medicaid, to practitioners;
   4. Shifting of Medicare and Medicaid to a system that places greater emphasis on competition between third-party payers and health care providers.

B. Three resolutions were passed, without debate, endorsing:
   1. Continuation of the search for a National Health Care Security plan;
   2. Improvement and maintenance of the health of all Americans;
   3. Strong penalties for fraud in the Medicare and Medicaid programs.

C. *Supplemental statements* are as follows:
1. An endorsement of catastrophic health insurance through private insurance plans;
2. An endorsement of a comprehensive national health care plan for all Americans;
3. An endorsement of development of day hospital services for the elderly.

D. One *additional view* was submitted endorsing tighter internal controls on recording Social Security payment checks received.

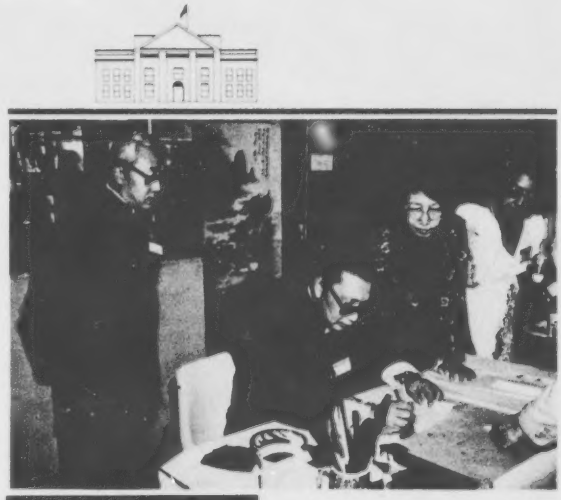
II. RESEARCH, EDUCATION, AND TRAINING

A. Five resolutions were passed, after debate, endorsing the following:
1. Additional education, research, and training in care for the elderly as critical for all health professionals;
2. Allocating funds for medical research to investigate the aging process;
3. Education and research to develop quality long-term care services and maintenance of health;
4. Federal financial help to induce health practitioners to go into the practice of geriatrics;
5. Educational programs to persuade all citizens to discontinue the use of tobacco.

B. One *additional view* was submitted recognizing the International Year of Disabled Persons.

III. HEALTH CARE SERVICES

A. Six resolutions were passed, after debate, endorsing:
1. Expansion of Medicare to cover outpatient prescription drugs, eye exams, foot care, routine dental care, dental prosthetics and hearing aids, and to change Medicare/Medicaid policy to encourage greater use of non-institutional long-term care;
2. Expansion of mental health services for older adults;
3. Expansion of Medicare/Medicaid to include hospice services;
4. Expansion of Medicare to include nurse practitioners and physician assistants with respect to Medicare reimbursement policies and without onsite physician supervision and to eliminate limits on



physician visits for nursing home patients;
5. Expansion of benefits for long-term care;
6. Expansion of Medicare to include outpatient hospital laboratory services.

B. Five resolutions were passed, without debate, endorsing:
1. Expansion of Medicare and Medicaid for home health care and in-home services;
2. Expansion of Medicare for comprehensive foot care;
3. Removal of the limitations on Medicare reimbursement for mental health services;
4. Establishment of in-home care as a viable alternative to institutional care with appropriate changes in Medicare reimbursement policy to accomplish this;
5. Expansion of Medicare to include adult day care, hospice care and ambulatory care.

C. Two *supplemental statements* were submitted, endorsing:
1. Health care payment mechanisms that recognize nurses as providers of a full range of nursing services;
2. The inclusion of case management services under Medicare.

D. One *additional view* was submitted endorsing dental care coverage under Medicare Part B.

IV. HEALTH CARE DELIVERY SYSTEMS

A. Eleven resolutions were passed, after debate, endorsing:
1. Nationwide preventive programs such as screening and nutritional education programs;
2. Various financial incentives to encourage health care providers to locate in rural areas, small towns and inner-city areas;
3. The appointment of an ombudsman for health care and services in each State;
4. Additional positions for health care providers be provided in the Veterans Administration to take care of the health needs of our Nation's veterans;
5. All senior citizens of this country residing in the U.S. Trust Territories and Puerto Rico be entitled to the same rights and privileges as those residing in a State;
6. That pharmacists review use of medications in intermediate care facilities;
7. State legislation to expand the role of the pharmacist in drug selection, monitoring drug use, and educating patients;
8. Location of health and mental health agencies within senior centers;
9. Programs that provide services for the elderly should include provisions for transportation;
10. HMO's accepting more elderly persons as members;
11. A national health care policy for aged Native Americans.

B. Four resolutions were passed, without debate, endorsing:
1. Research on health service delivery;
2. Greater sensitivity to ethnic and cultural differences in the delivery of health care services to the elderly;
3. The elimination of fraud and abuse, and administration inefficiency in health care programs;
4. That the official theme of this Conference be "Happiness is Being Needed".

C. Four supplemental statements were submitted:
1. Condemning the idea that, after nuclear war, the elderly would have to eat contaminated food;
2. That public and private policy secure to all older Americans access to quality health care consistent with their own needs and preferences and with maximum control over their own lives;
3. Endorsing various recommendations by NRTA/AARP concerning health care and long-term care;
4. Endorsing the provision of access to one single primary source of good primary care for each elderly person.

D. One *additional view* was submitted endorsing mobile health care systems.

V. One *procedural resolution* was adopted stating that it was the desire of the committee that the questionnaire be issued in duplicate so that one copy can go to the Conference and another to the State Coordinator of Aging.

Committee 6

Options for Long-Term Care

Chairman: Denham Harmon, M.D.
Vice-Chairman: Malcolm O. Scamahorn, M.D.
Staff Director: Jo Ann Gasper

The Committee on Long-Term Care passed over 50 resolutions which are highlighted in the following report. Similar resolutions were introduced in many issue areas.

ISSUE #1: Informal supports

- Support case management.
- Support self-help by such means as telephone reassurance.
- That families provide personal care for disabled older dependents or reimbursement for such care. Federal income tax credits should be extended to family care givers. States should be encouraged to provide tax credits for, or cash payments to family care givers. Furthermore, respite care should be readily available through Federal and State programs.
- Support increased coordination among programs and common definitions for all health and human service programs.
- Support needs assessments, care in the least restrictive environment, and comprehensive community based support services.

ISSUE #2: Integrated social and medical care

- Recommend public policy support and encourage long-term care that recognizes need for social, psychological, recreational and spiritual services. Medical needs alone should not determine that total living environment.
- Outreach activity should be a part of the service delivery system.

ISSUE #3: Integrated mental and physical health care

- Mental health should be an integral part of a comprehensive long-term care health and social service delivery system.

ISSUE #4: Balance of institutional and noninstitutional services

- Support expansion of geriatrics and gerontological training at postsecondary education and at any schools receiving Federal dollars.
- Recommend that the reimbursement system be modified so that individual reimbursement rates will be based on quality and quantity of patient care.
- Recommend the "swing-bed" concept between skilled and intermediate care patients.

ISSUE #5: Elements in a community support system

- Urge the adoption of a basic national social policy for long-term care.
- Public policy should recognize pluralism in sponsorship.
- Government should facilitate the development of a social insurance program for long-term care based on a comprehensive data base with actuarial information and financial underwriting.
- Endorses a comprehensive national health plan that would include a long-term care community-based health system. Until this is accomplished Medicare and Medicaid should be expanded.

ISSUE #6: The role of insurance in long-term care

- Health personnel should be trained in holistic care.
- The Committee passed a resolution which stated that the following resolution "be included verbatim in the three-page final report..."

"Income is vital for community based services; since Social Security is vital for older persons to have monies for long-term care, let it be proposed:

We affirm our belief in the fundamental validity of the Social Security system as the foundation of economic security for all Americans. To this end, we strongly urge adoption of the following recommendations:

1. The Social Security minimum benefit must be preserved for all current and future beneficiaries.
2. As a general principle, current levels of benefits for Social Security recipients must be maintained or raised, not reduced, and cost-of-living increases granted to all recipients at the currently specified time, without unnecessary postponement.
3. As a matter of principle, efforts should be made to continue the expansion of Social Security coverage to include all gainfully employed persons.
4. We oppose any change in Social Security to a voluntary social insurance program.

We also strongly endorse the position on Social Security as stated in "Eight for the '80s."

1. Safeguard current eligibility conditions, retirement ages, and benefit levels in Social Security. Social Security is the foundation of economic security for Americans of all ages. Short-term financing problems of the system can be addressed through relatively simple means; solutions for any longer range shortfalls demand painstaking scrutiny. Reform should enhance, rather than diminish, protection.

- Support ombudsman programs, legal services, increased compensation, improved working conditions, and professional opportunities for long-term care personnel.

ISSUE #7: The welfare responsibility

- Recommend that the hospice concept be nationally recognized as a fiscally sound care option for the terminally ill, and furthermore that it include education and coverage under Medicare and Medicaid.
- General revenue funding of public retirement to insure viable income support.
- Be it resolved that all older Americans be afforded the same rights and privileges by Federal legislation, regardless of place of residence under the U.S. flag.
- Recommend that nursing homes should receive adequate reimbursement rates for "heavy-care" elderly individuals.
- Rejects the current practice of deeming income of an institutionalized spouse from the resources of the noninstitutionalized person. Accept that family members should be encouraged to provide supplemental support for the care of loved ones.

ISSUE #8: Federal, State, and local structures for leadership

- Long-term care policy — preamble.
- Defines responsibilities of Federal, State and community long-term care.
- Support pilot channeling proposals.
- Support continuing Federal leadership in long-term care.
- Public funding for emerging community and individual service to fill gaps.
- Long-term care developed under Older Americans Act.

ISSUE #9: Relevance of age in long-term care

- Age not relevant in concern for long-term care.
- Endorse better-implemented and new legislation regarding elderly abuse.
- Provide prospective funding for such programs as HMOs.

ISSUE #10: Need for Bill of Rights for long-term care

- Access to service should be available without regard to race, creed, or color. However, individuals should retain the right to express cultural, fraternal, and/or ethnic heritage.
- Congress should fund the National Judicial College or similar institutions to train judges regarding special legal needs of older persons.
- Older persons should be assured an income that will maintain a level of dignity and comfort.
- Any person receiving care in a long-term care system has the right to free access to spiritual care.
- Home care agencies should be regulated.
- LPNs, nurse aids, and attendents in long-term care facilities and home health agencies should be certified.
- Nursing home owners should be thoroughly investigated before receiving a license to operate.
- Supports ombudsman.
- Federal policy must continue to provide minimum standards of care.
- Endorsed comprehensive rights of older persons.

Supplemental Statements

- Private health insurance carriers be encouraged or mandated to provide long-term care benefits.
- Multiple entry points.
- Encourage physician home visits.
- Support services should be expanded.
- Fiscal impact statement on WHCoA resolution.
- Guaranteed access to a continuum of care. The ultimate responsibility for guaranteeing access should be the Federal Government.
- Optimum benefits, alternate delivery systems, consumer choice, and employment of private capital.

Additional Views

- Rights of senior citizens
- Health education.
- Post-Conference questionnaire mailing process.
- Definition of community care and congregate or multipurpose centers.

Committee 7
Family and Community Support Systems

Chairman: Adelaide Attard
Vice-Chairman: William G. Fisher
Staff Director: Constance Horner

This report contains our recommendations for public policy for a comprehensive continuum of services to enable older persons to maintain their independence and exercise their right of choice. The report calls for coordination of private and public resources and linkages between the family and both formal and informal support systems. The recommendations were developed in three general categories:

1. The formal support system
2. The informal support system
3. Alternative approaches to social support

FORMAL SUPPORT SYSTEM

We affirm the validity of the Social Security system as the foundation of economic security for all Americans. These entitlements must include preservation of the current levels of Medicare and Medicaid funding; the minimum Social Security benefit; and maintenance of current levels of benefits with cost of living increases at the currently specified times.

Federal funding should be provided for basic and applied research on family and other informal support caregiver roles, with dissemination of findings of such research.

Religious groups should work with public and private agencies to assure integrated services to meet spiritual concerns.

The Secretary of Health and Human Services should convene a panel to develop strategies for more effective incorporation of the religious sector, consistent with the First Amendment, into the continuum of support services.

Formal and informal family and community support systems for older persons should be strengthened through gerontological education and training of personnel in health and human services systems and for older persons, family, and other caregivers.

One basic application form should be used for all programs based on income eligibility.

Legal assistance should be available to older Americans in home and community settings with adequate public and private funding.

The Older Americans Act should remain a separate and distinct Federally-funded categorical program, not subject to block grant status, in order to maintain the structure of State and area agencies on aging.

Older people should be provided choice in their living arrangements, and benefits should not be reduced because of these choices.

Programs should be developed and supported to protect frail older adults from abuse, neglect, and exploitation in institutional, family, and other settings.

An income floor consistent with maintenance of health and dignity should be established.

A comprehensive cost-effective continuum of services system should be available to older persons wherever they live through coordination of services, public and private, and with an effective monitoring system that provides for quality assurance.

Legislation for tax credits, family allowances, and reimbursement systems should be enacted.

Medicare, Medicaid, and tax incentives should provide increased in-home services and a variety of reimbursement systems for home care to families and unrelated individuals.

Federal volunteer programs should be coordinated and recognized as part of the gross national product.

The provision of the Older Americans Act mandating targeting of services to the most needy should be included in the reauthorization and vigorously enforced.

Safety should be made a national priority with funding to assist States to develop anti-crime programs.

SUPPLEMENTAL STATEMENT

A conference of this kind sets goals for a decade. Legislative bodies decide which programs can be funded and how.

ADDITIONAL VIEW

There should be support for senior centers at all levels of government and the private sector.

INFORMAL SUPPORT SYSTEMS

Public policy should encourage greater intergenerational understanding and support.

National policy should serve to encourage and strengthen American Indian and Alaskan Native family networks to preserve cultural strengths and diversities.

Individuals who hold professional licenses should be granted reciprocity among States to use their professional talents as volunteers, without charging a fee, under the auspices of nonprofit organizations.

There should be reevaluation of Federal prohibitions with respect to pets in federally assisted housing.

Utilization of volunteers for transportation services should be encouraged through provision of

insurance coverage, reimbursement of expenses, or income tax incentives.

Cultural, bicultural, and bilingual programs and services should be expanded. Services should be provided regardless of citizen status or geographic location and should be targeted to the disabled, socially isolated, and financially needy.

ALTERNATIVE APPROACHES TO SOCIAL SUPPORT

There should be continued Federal Government support and encouragement to States to utilize present waivers under Medicaid, and expansion of such provisions under Medicare for day care, respite, and other community-based services.

A wide variety of affordable and accessible housing should be available.

Many details with respect to the implementation of the recommendations are included in the final report although omitted in this summary.

SUPPLEMENTAL STATEMENT

A conference of this kind sets goals for a decade. Legislative bodies decide which programs can be funded and how.

ADDITIONAL VIEWS

There should be support for Senior Centers at all levels of government and the private sector.

The responses to the post-conference questionnaire should be sent to Washington and the State Coordinators on Aging.

The Conference Chairman should allow the Committee reports to be voted on individually.

Committee 8

Housing Alternatives

Chairman: Nicholas A. Panuzio
Vice-Chairman: James N. Broder
Staff Director: Helen Holt

1. **Equity Conversion**
   Voluntary mechanisms should be developed to enable older homeowners to convert their home equity into income, while remaining in their own home. Research should be done to provide information, counseling, and protection.

2. **Shared Housing**
   Shared housing should be included in a comprehensive program of housing for older Americans. Churches and other local groups should be encouraged to utilize existing sizable residences for older persons, and zoning regulations should become more flexible. Section 8 rental assistance, SSI, and food stamps should be available to shared home

participants. HUD and FHA should make homes available.

3. **Granny Flats or Accessory Apartments**
Encourage local governments to develop zoning or land use regulations to allow for adaptations to meet housing needs, such as granny flats or accessory apartments.

4. **Manufactured and Mobile Homes**
Local zoning laws should allow the utilization of manufactured and mobile homes that meet minimum standards of construction.

5. **Energy**
Governments at Federal, State, and local levels should adopt a comprehensive approach to energy-related problems that will result in more readily available services for the elderly. Weatherization should be included in all programs, and all programs should stay at 1981 levels.

6. **Energy Assistance**
There should be an effective Federal energy assistance program — within a single Federal agency — to provide financial assistance to low-income elderly and infirm with flexibility and authority granted to States. (A voucher concept with payments direct to vendor can exist with CDBG program)

7. **Condominiums**
Recommend that condominium conversions be monitored by Federal, State, and local governments and that displaced elderly be given preference in Federally assisted programs.

8. **Number of Units**
No fewer than 200,000 units for the elderly should be provided within all levels of government and the private sector. Keep the 202 program at no less than 20,000 units annually. Efforts to protect the elderly from displacement should also be considered.

9. **Housing Goal**
Reaffirmation of the goal of Housing Act of 1949 calling for "a decent home and suitable living environment for all elderly families." Government must be an active partner with the private sector in helping older Americans.

10. **202**
HUD Section 202 should be continued as a Federal initiative to provide housing for low-income elderly to live independently, and 20,000 units should be produced annually, especially for lower income elderly who need specially designed facilities.

11. **202/8**
Federal government should continue the appropriation of funds and provide for HUD administration of Sections 202 and 8.

12. **Displacement**
Federal, State, and local governments must enact laws to protect the elderly from displacement due to demolition of mobile home parks and rental housing and the conversion of rental units to condominiums and cooperatives.

13. **Rent Assistance**
Adequate rent assistance should be provided to low and moderate income elderly renters to enable them to remain in their current residence or seek adequate replacement housing, and all existing programs should be continued to enable all low and moderate income elderly persons to live in affordable rental units. The current 25 percent rent/income ratio should be maintained. Financial assistance in the form of a block grant should be provided to States for circuit breaker assistance. Rent subsidies should be restored for Section 8. The implementation of a voucher system should ensure that elderly are helped at an adequate level of assistance, and increased Federal and private housing assistance should be provided to include provisions for at least 200,000 units of housing.

14. **Rural Housing**
A concerted effort should be made to develop housing opportunities for poor and minority elderly in rural areas of less than 2,500 population.

15. **Inclusion of American Indians**
Federal legislation should specify that American Indians be included in all sections of proposed housing legislation.

16. **Pension Fund Investments**
We support the changes in Federal regulations to allow investment by pension funds in various types of housing for the elderly through the elimination of restrictions on pension fund mortgages and equity investments.

17. **Federal Mortgage Insurance**
Federal mortgage insurance offered by FHA and similar programs offered by Farmers Home Administration should be continued.

18. **American Indian Elderly**
The American Indian elderly should have the opportunity for suitable housing appropriately

constructed in a manner and location of their choice which they can reasonably afford.

19. **Investment**
We urge Federal and State regulatory commissions to allow utilities, banks, and other financial institutions to invest in bonds for elderly housing facilities.

20. **Public Housing**
In determining tenant rent share in Federally-assisted housing, out-of-pocket medical expenses should continue to be a recognized deduction from gross family income for elderly persons.

21. **Territories**
Housing options and opportunities available to older Americans should also apply to elderly residents of the Virgin Islands, Guam, American Samoa, and Puerto Rico.

22. **Security and Crime Prevention**
The development of public housing exclusively for the elderly is an effective method for promoting security among housing residents. Conversely, in age integrated housing, crime prevention procedures should be emphasized.

23. **Tenant Eligibility**
Modify HUD regulations so that two persons not related by marriage will be income eligible for a subsidized housing apartment.

24. **Rent Control**
Congress should pass no law, nor should there be any action by the Executive Branch of the government, that would in any way interfere with or penalize any State or city government that operates a program of rent control to stabilize the rental housing market and protect the legitimate interests of landlords, tenants, and the public.

25. **Design**
HUD should review cost containment benefits of efficiency units, which should be based upon good, efficient design.

26. **Design**
We urge that facilities for congregate living and sensitive design features be considered necessities to allow the elderly to live independently and that standards be based on gerontological research.

27. **Site Selection — Congregate Housing Services**
To minimize costs, sites for elderly housing should be located nearer related services. Community accessibility is important.

28. **Congregate Housing for Impaired**
Congregate Housing for the functionally impaired should be continued and expanded. The Federal Government should allow communities to tailor construction and rehabilitation of exisiting housing to meet specific needs of the impaired.

29. **Rural Elderly**
Regulations pertaining to Federal programs (i.e., FHMA) should be made more flexible to include needs of rural elderly.

30. **Tax Incentives for Family Provider**
Government should provide tax incentives to the heads of families that provide for the housing needs of elderly family members in their own homes or in on-site dwellings — provided that a reasonable means test be applied to both the provider and the recipient.

31. **Cooperative Housing**
Through appropriate Federal policies, encourage and support establishment of cooperative housing privately owned and financed by conventional institutions, including National Consumer Cooperative Bank.

32. **Role of AoA**
The Administration on Aging should have the responsibility for planning, training, and coordinating support services in congregate housing, specifically management.

33. **Crime Protection**
More stringent penalties should be imposed for crimes of every nature against the elderly, including required prosecution of youthful violent offenders as adults.

34. **Zoning**
We urge local authorities to recognize the responsibility of every community to assist in providing housing alternatives for the elderly and to so design local ordinances.

35. **Block Grants**
We support the continuation of the Community Development Block Grant program funded at the current level of 1982.

36. **Income Limits in Urban and Suburban Areas**
HUD regulations should be changed to allow residents to pay rent according to their income.

In addition to the resolutions, minority statements were introduced. These were:

(1) Housing assumed for shared housing by churches and religious institutions should remain on tax rolls.

(2) Windfall profits on oil should promote the development of energy sources to provide assistance to low-income individuals and families.
(3) State and city governments should enact legislation and provide tax incentives to encourage the continuation of existing rental housing.
(4) Congress should be urged to implement the recommendations of the Alternative Housing Committee in a manner consistent with the best interests of the elderly population in holding down the rate of the country's inflation.
(5) Expression of opposition to the resolution placing regulation on owners of buildings who contemplate conversion. The motion violates the basic right of property owners to do with their property what they wish and the motion does not address the financial needs of those to be assisted.

Additional views introduced were:

(1) Encourage legislation for tax credits to private industry for construction of elderly housing.
(2) Provide Federal tax credits for families caring for elderly grandparents or parents who reside with them or independently in both urban and rural areas — with IRS regulations in conformity with those for Child Care Tax Credit.

Committee 9

Conditions for Continuing Community Participation

Chairman: Martin A. Janis
Vice-Chairman: Katie Dusenberry
Staff Director: Ralph Stanley

This Committee considered the broad topics of Transportation; Security at Home and on the Street; Special Concerns; Employment; Legal Services; Cultural, Educational, and Recreational Services; Multipurpose Senior Centers; and Volunteerism. Approximately 137 proposals were considered. Throughout the deliberations of this committee, a consistent emphasis from the participants was the need for older persons to become more self-reliant and to discover ways to help themselves, thus minimizing their dependence upon Federal, State, and local assistance programs and services. The delegates unanimously approved the following summary of the recommended proposals.

Transportation

Be it resolved that:

1. The coordination and consolidation of transportation services include all public, private, and volunteer providers;
2. There be appropriate, adequate, and flexible transportation systems for rural and other isolated areas;
3. A communications system be established for senior access regarding transportation facilities;
4. Escort and bilingual services be provided where needed;
5. Liability insurance and tax incentives for the private sector and volunteers be provided;
6. Adequate funding from all sources be appropriated for transportation in sparsely populated areas;
7. There be coordination and consolidation, where feasible, of the existing 130 Federal programs for the elderly and handicapped and the 144 Federally financed transportation programs.

Employment

Be it resolved that:

1. Private and public sectors develop employment time-sharing plans;
2. Insurance and personnel problems be resolved to enable industry to hire older Americans;
3. Any compulsory retirement age designation be eliminated;
4. The provisions of the Age Discrimination in Employment Act be enforced;
5. Special programs to train older re-entry persons be developed;
6. Cottage industries be encouraged and promoted in order to provide an outlet and an income for older Americans, especially in rural areas.

Legal Services

Be it resolved that:

1. Adequate funds from all sources be made available to provide older Americans a full range of legal services;
2. Members of bar associations and law firms (especially older lawyers serving as ombudsmen and lay advocates) be encouraged to help meet the legal needs of older Americans;
3. The Older Americans Act retain legal services as a mandated funding priority;
4. The Legal Services Corporation be continued and have as a high priority legal assistance for older Americans.

Cultural, Educational and Recreational Services

Be it resolved that:

1. The Older Americans Act be amended to include cultural services within the meaning of social and community services;
2. All government agencies and private institutions receiving public funds and involved in the arts and humanities enforce the Age Discrimination in Employment Act;
3. The Office of Statistical Policy of the Department of Commerce research and collect data by specific age categories to be used in implementing Federal programs that address the educational and cultural needs of older Americans;
4. Skills and talents of older Americans be utilized to provide cultural, educational, vocational, and recreational services, with an emphasis on redressing illiteracy.

Security at Home and on the Streets

Be it resolved that:

1. Law enforcement personnel should:
   a) be more aware of problems of older persons,
   b) be more visible in high crime areas,
   c) consult senior citizen advisory boards on crime against older persons,
   d) inform crime victims of available services,
   e) keep accurate statistics,
   f) increase coordination between law enforcement and social service agencies, and
   g) crack down on fraud and abuse schemes;
2. Comprehensive crime prevention education and self-protection techniques be readily available at the local level;
3. Emphasis be given to the establishment of community crime prevention programs (e.g., Block Watch);
4. Victim assistance programs, utilizing senior aides, be integrated into the network of aging services;
5. Federal, State, and local levels legislate assistance and compensation for victims and witnesses (e.g., emergency benefits, restitution);
6. Older Americans on fixed incomes receive assistance to increase the physical security of their residence;
7. Efforts be made at the Federal, State, and local level to protect victims and witnesses from intimidation by a suspect;
8. All States be encouraged to enact laws to prevent elderly abuse and to provide appropriate services to those abused;
9. Consumer protection education and assistance be provided via the media and other community resources;
10. Through legislation, those convicted of fraud be required to make proper restitution to the victim;
11. Mandatory and severe penalties for crimes against older persons be enacted;
12. Plea bargaining be banned and parole denied to those convicted of crimes against older persons;
13. For juveniles who commit crimes against older persons:
    a) they be prosecuted as an adult, if 16 years of age or over,
    b) requirements be made to make parents provide restitution to the victim, and
    c) the offender's name be made available to the public;
14. Legislation to eliminate needless delays in criminal court procedures be enacted;
15. Detailed specifications in building codes for security (e.g., locks, doors) be included when building senior citizen housing;
16. The Congress and the President be urged to assist State and local agencies in providing employment opportunities for unemployed youth;
17. The incidence and impact of crime against older Americans be carefully evaluated and reported to the public.

Special Concerns

Be it resolved that:

1. Older Americans be guaranteed an income sufficient to maintain an adequate level of dignity and comfort;
2. Current social security provisions (e.g., eligibility conditions, retirement ages, benefit levels) be safeguarded;
3. The integrity of the Social Security trust fund be maintained;
4. Self-help be recognized as a viable means for older Americans to:
   a) help build economic security,
   b) practice preventive health measures, and
   c) maintain interest and involvement in the community;
5. "Rural area" be officially defined as "a population density of no more than 100 persons per square mile";
6. Federal funding formulas be developed that reflect service delivery costs in rural areas;
7. All organizations work to dispel negative myths, images, and stereotypes of older Americans;

8. Elderly services be coordinated and consolidated in all sectors at every level.
9. Resources (e.g., expertise, services, facilities) of the religious sector be more fully utilized by both the public and private sectors in the planning, implementation, and evaluation of programs for older adults.
10. A copy of the results of the ballot relative to (a) the committees, and (b) the individual resolutions from delegates and observers from a particular state be forwarded to the WHCoA State Coordinator for that state.

Multipurpose Senior Centers

Be it resolved that a multipurpose senior center be located in each community by:

1. Pooling Federal, State, and local funds for new construction, or expansion, and rehabilitation of existing structures;
2. Locating or co-locating needed services (e.g., transportation, health, nutrition, public benefits, recreation) in such centers; and
3. Assuring that all services and programs are free from physical and language barriers.

Volunteerism

Be it resolved that:

1. The public and private sectors should promote volunteer activities by older Americans;
2. The public and private sectors should provide older Americans with training and opportunities to use their knowledge and skills as volunteers;
3. The public and private sectors should provide incentives for volunteer opportunities; and
4. Programs such as Foster Grandparents, RSVP and Senior Companion be encouraged to continue and expand.

Supplemental View

Be it resolved that:

Since the life span of many members of minority groups is significantly lower than the population at large, a life expectancy scale for such groups should be used to calculate program eligibility.

Committee 10

Education and Training Opportunities

Chairman: Bernice L. Neugarten
Vice Chairman: Gerald Felando
Staff Director: John K. Wu

I wish to begin by thanking these persons, the other members of the staff who worked so diligently and effectively, the resource persons, the observers, and especially the two volunteers who gave us special assistance, Ms. Julia Hambelt and Mr. Henry Drennan. There are 157 members of this Committee.

After two very excellent keynote addresses by Mr. Harold Johnson and Ms. Margaret Arnold, the Committee began its deliberations by reviewing the rules of the Conference, and by establishing a quorum.

The group was an excellent and hard-working one. After agreeing on a tentative agenda, a preliminary preamble, and after adopting three resolutions, the Committee recognized that to continue in this time-consuming manner was counter productive. Therefore, the Committee managed to work out a procedure whereby each member had the opportunity of making input and a procedure by which more than 109 separate proposals were combined into a relatively small number of major recommendations.

Because of time limitations, I shall summarize and paraphrase.

Our report will open with a preamble: "It is the considered opinion of the Committee on Education that education is not only an inherent right of all age groups, it is a necessity for a society struggling to achieve a fuller measure of social justice for all Americans irrespective of age, race, sex, economic status, color, handicap, territorial residence, or national origin. Specifically, it is our collective judgment that the recommendations of other White House Conference committees cannot be implemented effectively unless older people have access to a full range of educational programs in keeping with their needs and interests, unless they are served by personnel who have been adequately prepared to serve their needs, and unless older people live in a society which has been enlightened about the processes of aging."

Our major recommendations are grouped according to that sector of the society which we believe bears the major responsibility for implementing each one.

First, under the heading, "The Role and Responsibilities of the Federal Government": ". . . A complete range of basic and all other levels of educational programs to improve the economic status, health, social functioning, and life satisfaction of older people should be given the highest priority for funding and made available and accessible to all older Americans immediately. These must be offered under a wide variety of auspices including both public and private organizations. High on the list should be job training and retraining programs, work-related preretirement training, skills and knowledge training, leadership and volunteerism training, survival, and cultural opportunities. Included here are programs for displaced homemakers and work/training for those women and men who need to work and who lack readily marketable job skills. Attention should be given to both formal and informal learning opportunities by both paid and volunteer teachers who are older persons."

A number of specific recommendations are then addressed to specific government agencies and programs, including but not limited to the Older Americans Act, the Adult Education Act, and National Endowment for the Humanities programs.

- All personnel involved in the delivery of educational services should be required to have gerontological and/or geriatric training. The Federal government needs to work with institutions of higher education as well as with professional, scientific, and community organizations to develop an educational strategy to prepare personnel, including older adults themselves
- Because many of the problems of older persons are due to lack of scientific knowledge, funding through many Federal agencies must be increased immediately for gerontological, geriatric and policy research, and research training; the new and old information should be made available for incorporation into appropriate curricula at all levels of education, beginning with early childhood education.
- To combat ageism, it is recommended that the U.S. Commission on Civil Rights or some other appropriate body fully investigate and document the nature and scope of age prejudice in the United States, and prepare a series of recommendations detailing intervention strategies, including those addressed to the public education systems, the informal educational agencies, the mass media, and business and industry.

Under "The Role and Responsibilities of State Government":

- State governments should continue to share responsibility with the Federal government and

the private sector. Each State should designate a unit of its government to define and rank priorities regarding the educational needs of its older residents from all socioeconomic and geographical areas. These units should be granted resources for a leadership role in the development of needed programs to monitor financial aid programs in the field of education and to ensure that discriminatory practices based on age are corrected.

- Special attention should go toward educating personnel administrators in both the public and private sector.
- Because medical schools, nursing schools, pharmaceutical schools, and other training programs for health care providers should include emphasis on the problems and treatment of persons of advanced age, training in these areas, wherever appropriate, should be considered as a condition for graduation certification, and licensure.

Under "Role and Responsibility of Educational Institutions and Professional and Scientific Organizations":

- We urge educational institutions at all levels and educational organizations, both formal and informal (for example, libraries and museums) to give high priority to developing programs to educate and train senior adults, personnel serving the elderly, and the general public.
- In a similar vein, scientific societies and associations of professionals serving older people must devote more attention to the implications of an aging society for their respective membership. Educational programs in geriatrics and gerontology must be developed for both preservice and in-service practice.

Under "Role and Responsibility of Organizations in the Private Sector":

- It is essential that private profit and nonprofit organizations, including business, industry, trade unions, and voluntary health, civic, social welfare and religious organizations, take steps to guarantee appropriate accessibility to older adults in all their educational programs. Private sector organizations should become advocates for both educational opportunities for the elderly and for public education about aging. It is important that the private sector be encouraged to provide education for retirement.

Under the heading, "Older persons":

- Older Americans must themselves assume responsibility to advocate for their own interests with those who control and direct the provision of educational services and programs and should, independently and through their organizations, engage in programs designed to preserve and facilitate the teaching of the wisdom and knowledge gained through their years of experience. Older Americans should seek opportunities whereby they will be actively involved with students in all levels of education as teachers and in a wide variety of supporting roles.

This preamble and these major recommendations—spelled out in greater detail than reported here—were adopted in a single action of the Committee on Wednesday morning by vote of 105 to 7. The Committee then voted the adoption of four brief additions and then voted—in line with the Rules of the Conference—to make use of supplemental statements and additional views, as deemed appropriate by individual members.

All these actions were completed by 11 AM on Wednesday, and with no further business before the body, the Committee was adjourned.

SUPPLEMENTAL STATEMENTS

The Committee delegates entered 19 supplemental statements. Three made additions and corrections to the main Committee report. Six addressed the needs of special interest groups—rural, Native Americans, transportation, and peer counseling. Eight statements suggest specific training and educational programs, including development of low-cost training packages, citizenship education, study circles, minority and bilingual professionals to serve the elderly, and new work options for older persons. Two additonal resolutions concern fostering volunteerism through reciprocal learning and teaching programs in the private sector and improving the status of ACTION.

ADDITIONAL VIEWS

The delegates entered 14 additional views for the record. Three addressed the Federal role in terms of tuition tax credits, support of education for self-sufficiency, and lack of need for a new Federal aging agency. Four others concerned advocacy training, leadership roles, peer teaching, and use of elderly expertise. Four additional views focused on special group needs of Native Americans, residents of territories and trusts, minorities, and the visually impaired. Three others were miscellaneous.

Madam Chairman, I respectfully submit this report in the name of our Committee on Education, and in doing so, I should like to commend all those who worked so diligently and so harmoniously in its preparation.

Committee 11

Concerns of Older Women

Chairman: Rep. Josephine Oblinger
Vice-Chairman: Mildred Althouse
Staff Director: Lesley Edmonds

Under Income Adequacy Committee #11 passed five recommendations on Social Security:

1. to adopt the recommendations of the Technical Committee on Retirement Income;
2. that cost-of-living increases be granted to Social Security recipients on a semi-annual basis;
3. that Title XVI of the Social Security Act be amended to raise benefit levels to 10% above the poverty level, increase allowed resources, eliminate "in-kind" resources competition, eliminate one-third reduction for living with relatives or others, and to expand SSI program into the territories and Puerto Rico;
4. that the guaranteed minimum income for all older women at set at Bureau of Labor Statistics Intermediate Budget for a retired couple and 75% of this for a single person; and
5. that women receive credit in quarters for those years devoted to child bearing and child rearing.

Pensions were addressed in five recommendations:

1. that veterans benefits be maintained at current levels for veterans, their widows, and children;
2. that Civil Service employees be given cost-of-living adjustments, fully indexed, on basis of CPD annually and that pensions received by spouses of deceased workers not be taxed;
3. that in ERISA, a break-in-service rule be provided so prior credits will not be lost; and
4. that private pensions have earlier vesting, equitable survivor options, pensions rights be recognized in a division of marital property at time of divorce, and encourage plans to provide at least 50 percent of worker's pension for surviving spouse.

Three recommendations were adopted under legal rights of women:

1. a "Bill of Rights for Older Women";
2. retention of legal service programs under the Legal Services Corporation and the Administration on Aging;
3. a recommendation to require the ratification of ERA through leadership of the Federal Government.

The 9 health recommendations addressed included:

1. that Medicaid programs should include care in other than nursing homes;
2. that charges under Medicaid by fee agencies should be on a sliding scale;
3. that the Federal Government should enact a Medigap Insurance bill;
4. that a model for a continuum of care other than a medical model be provided;
5. that a nonemployee spouse may continue the working spouse's health insurance - without a physical at the death of the worker, at time of a divorce, or if worker is disabled;
6. that a national health program be designed containing cost and quality control;
7. that preemployment training be a condition precedent for nurses aides hiring set forth in conditions of participation of the Federal Rules and Regulations;
8. that Medicaid and Medicare procedures and forms be streamlined so that the reimbursement period will be shortened; and
9. that Medicare and Medicaid be expanded to cover pharmaceuticals, medical equipment, dentures, glasses, etc.

A group of 10 recommendations on the quality of life encompassed cooperative public/private intergenerational programs, continued funding for service centers and C.D. block grants, tax incentives for care for the elderly by family and relatives, a concerted effort toward solution of problems peculiar to the rural elderly, and a balancing of the defense budget and social programs. Also, that minority elderly be served by multilingual programs which will provide education and training, attitudinal training, and inclusion in planning and policymaking. Too, that adequate funding be allocated for the Energy Assistance Program, that all levels of government provide subsidized housing at affordable prices as well as a wide variety of housing alternatives leading to independent living for as many elderly persons as possible, that the Internal Revenue Code be amended to allow a taxpayer the service of a tax deduction or tax credit if a dependent person of 65 years or older is included.

The expansion of employment opportunities for elderly women included such diverse recommendations as: special counseling and training centers to be carried out by Area Agencies on Aging and/or community organizations; provision of alternatives to full-time employment including part-time, flex-time, job sharing, and phased retirement; provision of consumer education as evidenced in Presidential Executive Order 12160; emphasis on the promotion and importance of planning and saving for retirement; preparation of the older woman for survival, for coping, for giving, and for learning through preretirement planning and education; provision of gerontological information to the younger generations to address the problems of intergenerational conflict; dispelling stereotypes of elderly women and recognizing them as a national

resource; commending Marva Collins of Chicago on her educational program for children which could and should be expanded to include untrained older women; and, ensure that widows, divorced women and other elderly single persons be classified as heads of households.

A recommendation was passed that research be initiated to ensure that the needs of special groups of the elderly are documented and appropriate programs based on these data be developed.

Transportation is a very real issue in rural America, and the Committee recommended that an appropriate and adequate portion of local, state, and Federal resources be allocated for development of a transportation network in rural areas, and that Title III money be allowed for the repair and maintenance of buses and vans for the elderly.

Several additional views were filed: 1. opposition to the ERA resolution; 2. opposition to several Social Security recommendations by placing an emphasis on inflation as the cruelest enemy of the elderly; 3. opposition to the recommendation of commending Marva Collins because stress was placed on one specific model of education and training.

I am embarrassed but pleased that the delegates in Committee #11 passed a resolution expressing their gratitude to the Chairman, Vice Chairman, staff, and resource people. We in turn wish to commend the delegates of Committee #11 for their enthusiasm, dedication, and productivity.

Committee 12

Private Sector Roles, Structures, and Opportunities

Chairman: George E. Davy
Vice-Chairman: Malcolm MacKillop
Staff Director: Richard English

The Committee on Private Sector Roles, Structures, and Opportunities has the responsibility of considering participation of private sector institutions in addressing the problems of the aged and the participation of older Americans in private sector institutions. It adopted resolutions and accepted supplementary statements and additional views according to seven topics.

Topic 1: Older Americans as Clients of Community Service Agencies and Voluntary Associations

Because local, private nonprofit voluntary organizations have provided many essential services to the homebound elderly throughout history, the Federal Government should not engage in any activity that would weaken these private efforts and should allow any threatened private programs the right of appeal.

The aging network should include religious organizations, which have extensive resources for dealing with problems of aging, as partners in their activities.

We strongly support the longstanding partnership between the government and the religious and voluntary sector in providing human services to needy persons, especially the elderly.

A supplemental statement concerned the roles of religious organizations and the importance of spiritual aspects of elderly living.

Topic 2: Roles, Responsibilities, and Contributions of Private Enterprise

Corporations in America should donate a full 2 percent of their pre-tax earnings to the social service needs with some contributions designated for the elderly.

The business community should be encouraged to provide strong leadership in pursuing public-private cooperation; should apply its expertise to promote voluntarism; and should participate actively in training, counseling, and education programs to contribute to the well-being of the elderly.

The States and the Federal Government should facilitate voluntarism by the elderly by providing tax incentives, such as deductions for expenses, so that all Americans are encouraged to contribute their efforts.

A supplemental statement concerned a positive stance by the private sector in addressing the Nation's needs

Topic 3: Older Americans as Volunteers, Leaders, and Resources

Nonprofit organizations should examine the roles in which the elderly can serve as volunteers and develop roles that utilize the abilities of the elderly at the highest possible levels, should examine new ways to facilitate participation by the elderly, and should undertake outreach activities to show the elderly that their services are appreciated contributions to the community. Governmental policies that interfere with voluntary participation in caring for the elderly should be eliminated.

The Administration on Aging should recognize and support cooperatives so that older Americans can produce goods and services for themselves and others.

The private sector should promote job training and counseling for older Americans who wish to hold jobs or volunteer, especially for minorities, the handicapped, those in rural areas, and women.

We encourage the private and public sectors to

support and expand ACTION's Older American Volunteer programs, so the elderly can continue to have the satisfaction of contributing their knowledge and skills.

Topic 4: Older Americans as Consumers of Private Sector Goods and Services

We support an immediate, determined crusade to change the stereotypes of older persons by implementing a national policy to project a more positive image of older Americans as persons who are respected in our society.

Because inflation has pervasive destructive effects on the elderly and inflicts great harm on the ability of voluntary associations to raise funds from voluntary contributions, we call upon all Federal policymakers to adhere to policies for sound economic growth without inflation, firms in the private sector to restrain prices, and all Americans to support actions that address the causes of inflation.

Adequate funds should be made available from private and public sources so the elderly will have a full range of legal services, and the Legal Services Corporation should continue to provide high-quality assistance to private efforts.

We encourage private sector cooperation to redesign health benefit plans offering appropriate incentives for cost containment while meeting health needs.

The public and private sectors have a joint responsibility to achieve a higher quality of life for aging Americans.

Supplemental statements addressed use of general revenue funds for Social Security, discounts for senior citizens; utility "lifeline" rates; the prices of food, shelter, heat, and health care; and the termination of energy service for nonpayment of bills.

Topic 5: Private Pensions

Governmental policies should strengthen the pension system by encouraging individuals to make provisions for retirement income without mandating private pension coverage.

Appropriate incentives should be given to employers and employees to establish Individual Retirement Accounts to make IRAs attractive to lower paid employees. Pension funds should aggressively explore possible prudent investments which will benefit retirees. The pension rights of retirees should be a mandatory subject of collective bargaining. Congress should remove the employment requirement for nonworking adults and encourage IRAs with wide publicity.

Federal employees should pay into the Social Security system.

The private sector should fulfill its responsibilities for the economic security of the elderly.

Supplemental statements included portability of pension rights and opposition to mandatory rights in collective bargaining.

Topic 6: Employment Opportunities for Americans Older than 65

Older Americans should have the opportunity to work past the age of 65. Mandatory retirement should be abolished, and the upper limit of age 70 should be removed from the prohibition of age discrimination in the Age Discrimination in Employment Act.

The 50% joint and survivor option should be required to be signed by both the employee and spouse and the 50% joint and survivor option should be provided automatically to survivors of employees who die in the 10-year period prior to the normal retirement age in the pension plan.

Business should expand efforts to give older workers needed options, incentives, and training with job redesign, flexitime, and part-time employment. Changes in Social Security should be made to ease disincentives to extended work and to make pension plans more actuarialy neutral. Private business should be given tax incentives and other means to encourage the increased use of older workers. The Social Security Task Force should be encouraged to support legislation to allow more employment options and to provide incentives to remain in the work force.

Older Americans must have the opportunity to own and operate new businesses with all appropriate incentives.

The private and public sectors should undertake cooperative research efforts to support flexible employment policies.

Supplemental statements concerned the use of the skills of the minority elderly.

Topic 7: Employees and Retirement Planning

The private sector should lead in encouraging Americans to plan and prepare for growing old.

All private sector employers should offer their employees a full range of preretirement counseling services, including information about work and volunteer alternatives, retirement benefits, health care, and uses of leisure time beginning before the age 50.

Private sector employers should be encouraged to change schedules for employees approaching retirement to give them time for volunteer work.

Older persons should be participants in developing services benefiting the elderly to enhance independent living, reduce loneliness, and provide rewarding opportunities for voluntarism. Those over 60 years of age should be provided half fare rates on the Amtrak system.

Employers should continue their commitment to the well-being of their employees by continuing group health insurance coverage for retirees.

The private sector should consider the unique needs of the rural elderly and sponsor programs that meet those needs. Rural areas should be defined as those with fewer than 100 persons per square mile.

The private sector should urge the passage of a federal law to establish appropriate mechanisms for coordinating and developing better transportation to the elderly in the rural areas and that private transportation systems by volunteers and retailers of all types should be given tax incentives for providing transportation or delivery of goods and services for the aging, particularly in rural areas.

Committee 13

Public Sector Roles and Structures

Chairman: Doris Dealaman
Vice-Chairman: Constance St. Clair Solan
Staff Director: Robert Brown

This Committee was charged with addressing questions of the roles, responsibilities, and policies of government at all levels with respect to the security and quality of life for older Americans in the next decade.

The resolutions adopted fall into the following categories:

What should be government's role?

The Social Security minimum benefit must be preserved. Current levels of benefits for Social Security recipients must be maintained or raised, not reduced, and cost of living without unnecessary postponement. Efforts should be made to continue the expansion of Social Security coverage to include all gainfully employed persons. We oppose any change in Social Security to a voluntary social insurance program. Reform should enhance rather than diminish protection.

Federal and state governments and their political subdivisions should plan, finance, and facilitate implementation of a continuum of services to meet the needs of the elderly including both those who live in the community and those who are institutionalized, tailored to individual needs and delivered without regard to race, religion, sex, national origin, physical or mental disability, or source of payment.

All public programs for the elderly should be monitored by all levels of government to ensure: 1) protection of the rights and benefits of all elderly minorities and 2) proportionate representation and participation of minority elderly in policy and program planning, and service delivery. The elderly and the minority elderly should be specified as targeted groups.

A comprehensive tax incentive should be developed to assist families maintain and support their elderly members in the least restrictive setting.

The integrity of a mandatory social security system should be maintained by the Federal Government. Mandatory retirement based on age should be abolished. Older persons should be given the option of retirement at a self-determined age.

Private sector employers should be encouraged to use tax incentives to provide preretirement training and adequate benefits by contributing to pensions and insurance policies. Retirement policy should guarantee pension portability and provide for part-time work opportunities.

The Administration on Aging should aggressively pursue a campaign to eliminate ageism.

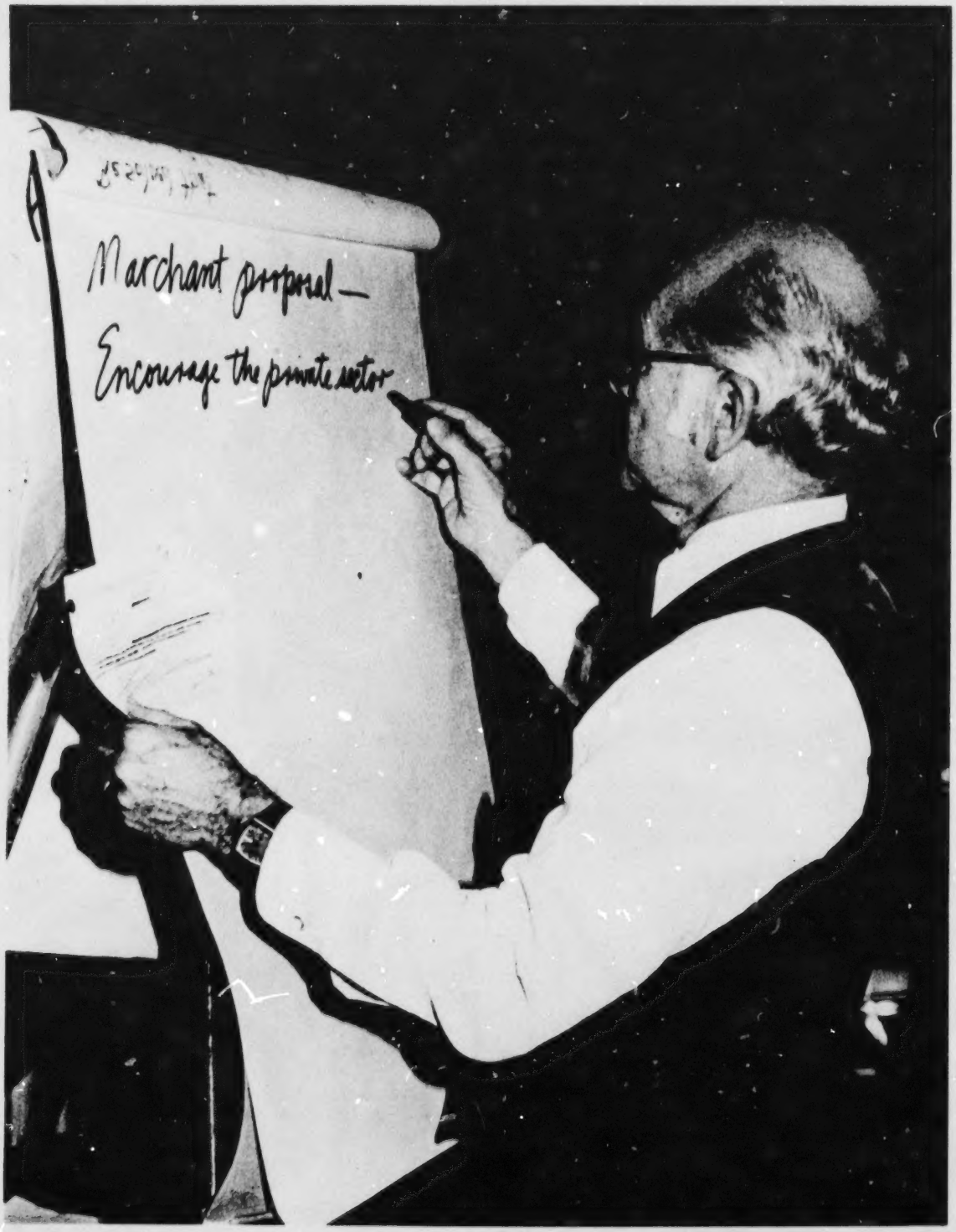
Which approach - age integrated or age segregated or a combination of both - should be the basis of aging programs?

Existing program entitlements and services based on age, including Medicare, nutrition programs, reduced fares, special transportation, etc., for elderly of all cultural heritages shall not be eliminated or reduced.

What should be the respective functions of Federal, State, and local governments?

The Administration on Aging should fully and effectively implement the Older Americans Act in that services must be targeted to the elderly with the greatest economic or social need.

Federal, State and local governments should coordinate and delineate their responsibilities in the programs for older Americans.


Marchant proposal—
Encourage the private sector

The Older Americans Act should remain a separate and distinct Federally funded categorical program with no changes by substitution of block grants.

The Department of Health and Human Services, Administration on Aging, and State and area agencies, in cooperation with minority aging organizations, should develop a national policy for ensuring minority representation at all levels of aging planning, policymaking, and service delivery.

Incentives are needed to encourage State governments to go beyond the Federal requirements in assessing the status of the aging, establishing action priorities, coordinating programs, and pooling resources.

The needs of older persons and minorities should receive equitable consideration when funds from block grants are distributed, and block grants should be adequately funded and subject to minimal Federal review to ensure that the intent is carried out.

Comprehensive service delivery systems for older people at the community level must be completed in the 1980s, building and improving on the Older Americans Act foundation of partnership among Federal, State, and local jurisdictions and the private voluntary agencies and corporate sectors in the provision of health and social services.

The structure and delivery of human services should recognize and reflect the diversity of residence, culture, and language of older persons. An outreach system should be established that eliminates language and other communication barriers which interfere with the effective delivery system of services to minority elderly.

All senior citizens of this country, no matter where they reside should have all entitlements for services of the citizenship.

The Federal Government should take appropriate executive action to ensure that the Department of Transportation and Department of Health and Human Services develop common approaches, coordinated planning, and complimentary regulations and policies to ensure the effective and efficient delivery of safe, secure, and frequent transportation services to the transportation needy. These two federal agencies should develop a single technical assistance program for local transportation services. Funding for these transportation services must not be at the expense of the provision of social services. Operating subsidies and capital assistance for public transportation shuld be continued.

A concerted effort should be made by all levels of government and the private sector with the aging network, as defined in the Older American Act, as the focal point to coordinate and consolidate programs and services relating to housing for aged persons. Efforts must be made to educate practitioners and potential recipients of existing services. Housing programs and services should be audited and monitored externally.

What optional approaches are available to enhance public-private partnerships?

The Federal Government should guide the formulation of an integrated public policy on aging to ensure income security and the right to employment for all older persons; maximum flexibility and appropriate authority to State and local government; provide tax and financial incentives for the private sector (including corporations, employers, foundations, insurers, voluntary organizations and families) to expand their role in supplementing and enhancing government funds; and to remove the funding barriers that inhibit the flexibility of the private sector and local government in developing better coordination of services.

Adequate funds must be made available from public and private sources so that older persons will have a guaranteed full range of legal services. Bar associations, private law firms, attorneys, and law schools should be encouraged to provide legal assistance, education, and research. Ombudsmen, lay advocates, and older paraprofessionals should be involved in advancing the legal concerns of older people. The Legal Service Corporation, which was recommended by the 1971 White House Conference on Aging, should continue. The Older Americans Act should continue to allow for funding to insure an effective system of legal services.

Many elderly people are willing to volunteer their services in many areas but are limited due to high cost of operating their automobiles. Government should encourage volunteerism and help pay transportation expenses for older persons to extend an agency service.

By the year 2005, basic independence for 100% of the elderly from tax supported and personal programs should be achieved. Basic independence is defined as that condition in which less than 50 percent of personal income and needs are provided by the public sector.

The Older Americans Act and Federal programs affecting rural elderly shall define "rural area" as so stated in the Rural Development Act of 1972 (PL 92-419), as a population density of no more than 100 persons per square mile, and Federal funding formulas should be developed to reflect local conditions of senior services delivery in rural areas.

Innovative methods such as intergenerational programs, volunteering and job sharing should be

instituted in the public and private sectors to enable the elderly to be productive.

The appropriate role of government is to do for the individuals and society in general what individuals cannot do for themselves. The Federal Government should assist State and local governments, and a partnership should exist between the government, the voluntary sector, and the private sector. The major responsibility for seeing that essential services for the aged are available must remain the responsibility of government, whether provided by government or the private sector. As part of the social support system, the Federal Government must create methods to promote greater cooperation and coordination among governmental, civil, and religious organizations to ensure maximum public input in planning for and providing all human services.

How can intergovernmental relationships and procedures most effectively be organized?

The Federal Government should continue to exert leadership in improving life quality for the elderly through the establishment of minimal standards and the assurance of equity in treatment and services for all older Americans regardless of income, race, sex and physical or mental condition.

All levels of government take actions to counteract negative attitudes of employers, the general public, the media, and seniors themselves towards continued or new employment of older persons. We should promote older persons as a national resource by public awareness initiatives supporting positive images of aging by recognizing and productive contributions of older persons. Educational and public relations programs should be initiated emphasizing the employability, skills, and other resources found in our older population.

The Federal Government has a responsibility to provide for older people basic entitlements and services in such critical areas as income maintenance, health, housing, protective and legal services, and safety.

The legislative division of the Federal Government should assure its senior citizens that funds it distributes under the Older Americans Act and other related federal funds be allocated to States, tribes, and territories, not just on a population basis but also in consideration of economic variables such as cost of living, degree of poverty, energy requirements, minority population, and rurality.

The U.S. Congress should enact legislation recommending that States adopt legislation complying with uniform standards for Protective Services for adults incorporating the provisions stipulated in Springer and Regan's "Model Legislation on Protective Services." Services should provide for psychological, legal, and financial management assistance through existing aging network and should be delivered at all times pursuant to the principles of "least restrictive alternatives."

The Federal Government should develop a single application form for human service programs to be used at local service entry points and coordinated by the aging network. Further, the Federal Government should develop and provide for transfer to the local level the computer program necessary to minimize the information needed, make differentials among the programs and convert the information into program relevance and eligibility determinations.

The Federal Government has the greatest authority and potential for making adequate resources available and the capability to deal with major problems. Through technical and fiscal assistance, the public sector must facilitate the efficient exchange of services from those who provide the services to those in need of the services.

What should be the structure and delivery systems for achieving objectives of aging programs?

An outreach system should be established to eliminate language barriers for minority elderly. The Federal Government should establish policy for all minority groups to set age eligibility for Medicare, SSI, OAA according to demonstrated life expectancy.

A surviving spouse should receive from combined Social Security benefits up to current average benefit $374. Rural elderly need supplements to home health care to allow them to stay in their own homes.

The one great need of the elderly in rural areas is homemakers and home health care service — thus permitting the elderly to stay in their own homes which they prefer and save the huge sums being paid for nursing home care after they are forced out of their own humble homes.

Senior Employment Service (TV of OAA) should be funded for at least 54,000 positions. Assistant secretaries for elderly should be established in the Departments of HUD, FHA, and HHS.

Congress is urged to: a) review and reauthorize the Older Americans Act of 1965 to be amended, b) restore programs that have suffered budget reductions whenever possible, c) eliminate duplication, and d) provide the greatest degree of flexibility possible for all older Americans programs at the regional, State, and local levels.

The Administration on Aging should implement the requirement in the Older Americans Act that priority for employment in aging programs be given to those 55 or more years of age.

The position of Counsellor on Aging to the President should be reestablished.

Miscellaneous

Reestablish the single organizational unit requirement in the Older Americans Act.

Require food products to be labeled in large print with contents listed understandably.

Enact legislation to convene a national conference in 1986 to review status of resolutions adopted at 1981 WHCoA.

Promote the American Indian people's right to self-government by honoring existing treaties, and continue Federal support to programs included in such treaties.

Enact legislation to phase out the earnings limitation under Social Security.

Continue to reauthorize the Older Americans Act.

Enact legislation to amend the Older Americans Act to provide for specific provisions for the Pacific American Territories on Aging.

The Federal Government should allow States to create a "voucher type" system that will enable beneficiaries to seek needed services in a freely competitive service environment. (Supplemental Statement)

In view of the fact that most elders prefer to remain in their own homes as long as possible, public policy should provide in-home and community services - and that legislation should provide adequate funding.

Older persons should be included in the planning and delivery of their own social services and special attention should be accorded to the unique heritage, language, and life styles of older persons.

Because of accumulative and devastating affects of human service cuts, we strongly recommend that essential human service programs be protected from further cuts and that prior cuts be restored. That there be no increase in defense spending without applying the same measure of accountability and avoidance of wasteful administration, as allegedly applied to justify the continuing reductions of the human services budget.

Committee 14
Research

Chairman: Edward M. Young
Vice Chairman: Janice Caldwell
Staff Director: Stephen Gibbens

Introduction

The Committee on Research on Aging wishes to emphasize the magnitude of the national, social, and personal problems involved in the growth of the aged population and to point out that the acquisition, communication and implementation of new knowledge about all aspects of aging are the only means by which these problems will be reduced, alleviated, and ultimately eliminated.

It is through expanding knowledge about the fundamental processes of aging, health care delivery, family support, work and retirement, among other issues, that we will improve the well-being of older Americans and make it possible for them to continue to live productive lives.

The overarching goal of the aging research agenda for the coming decades should be to create and make available an adequate and appropriate knowledge base about the processes of aging, the state of being old, and the utility of solutions to problems that interfere with the well-being of those in the later decades of life. We should work toward four specific objectives in relation to this expanded knowledge base:

A. A synthesis of the results of biological, social, psychological and cultural research efforts, so that we may achieve the understanding we do not now have about the total process of aging and the whole aging person.

B. An active four-way exchange between research scientists, older persons, policymakers, and practitioners in the field, to encourage the formulation of more creative research questions and the acceptance and application of new knowledge.

C. A joint effort between the research community and the many diverse cultural, racial, and ethnic minority groups to insure that the knowledge base adequately reflects the unique situation of older people in these groups.

D. An evenhanded distribution of effort between basic and applied research in order to benefit from the special contributions to the knowledge base that each will make.

Social and Behavioral Research

People cannot be understood apart from the environment in which they live. The 25 million Americans aged 65 and over include persons of all ethnic and cultural groups and all religious denominations. They include people living in cities and people living in rural areas. They include the well and the frail. Among them are more than 2 million persons aged 85 and over.

The committee adopted 18 specific resolutions in the social and behavioral areas. Among them were:

1. Research is needed in the area of work and employment to delineate opportunities, skills and the potential for training for older persons.
2. Research is needed on the issues of retirement age and retirement income and the options available to older persons which will enable them to continue as productive members of society.
3. Research is needed on the living arrangements of older people to determine those aspects of housing, physical environment, and social support systems which enable persons to best maintain themselves in the community.
4. Research is required on the role of older people in the changing American family, on the relationship between generations, and on the effect on society of the emergence of four- and five-generation families.

Biomedical Research

The Research Committee acted upon 19 proposals that impinge on basic biomedical research, and recommends enhanced support of research at the molecular, cellular, and organismal levels to clarify the bases for the physiologic decline that accompanies aging and renders biologic systems both less efficient in normal function with the passage of time and increasingly susceptible to disease processes. The goal is to understand the processes of normal aging and the mechanisms whereby they render the individual vulnerable to disability and disease and to retard the rate of aging, and by these means to render older individuals physiologically and functionally younger than their chronologic age. Useful biomarkers of human aging should be established to assess the effects of intervention.

The Committee emphasizes the following categories: (1) research into central nervous system function as it affects behavioral disorders including depression and suicide and the enormous problems of senile dementia, particularly of the Alzheimer's type. (2) health promotion and disease prevention whereby the period of healthy active life can be lengthened by preventing the disabilities and diseases of age; problems of nutrition, bone metabolism, alcoholism and environmental carcinogens should receive special emphasis; (3) the further development of basic research as it relates to geriatric medicine; and (4) studies of human productivity, whereby the nature of the change

restricting participation in a socially productive lifestyle are examined, with concentration on those changes particularly harmful to productivity such as decline in memory, hearing loss, and reaction time.

Research on Service Delivery and Quality of Life
The role of research in the service delivery area needs to be expanded substantially.

The mere availability of a service does not ensure that the targeted group will receive it or that it is an appropriate service that addresses the identified need. This situation is particularly true in situations involving the minority elderly.

There are only limited data on effective modes of service delivery. There is need for evaluations of present modes of delivery of these services as well as exploration of alternative ways to enhance this service delivery.

The overall goal of clinical and health services research in geriatrics/gerontology during the 1980s should be quality of life, emphasizing maximum functional independence. This implies the development and testing of strategies that will achieve the least restrictive environment while offering appropriate and proven interventions to older people.

The repertoire of potential clinical research to be done in geriatric medicine and geropsychiatry is almost boundless because of deficiencies of knowledge in this area. Clinical research focuses on chronic disease, disability, and accidents, which together represent the primary causes of premature death and serious impairment of function. Among the problems leading to major disability which involve a multiplicity of organ systems are incontinence, sensory deprivation, and inappropriate nutrition. There is a need for careful clinical trials of a variety of therapies including drug therapies, rehabilitation strategies, and the use of new kinds of milieu interventions.

In the health care and social service delivery area there is a major need to examine how these services can be better organized and integrated to meet the needs of the elderly, how more efficiency can be achieved, and where more investments of effort are likely to be most effective.

Research Resources and Organization of Research
The Committee reached the conclusion that the organization of research on aging and the resources devoted to this research in both the public and private sectors are currently inadequate. The Committee resolved that:

- The pool of trained geriatricians, social scientists, biomedical scientists, and other research scientists needs to be expanded to address the substantive questions defined by the Research Committee and other Committees of the Conference.
- The financing of aging research, research training, and demonstrations needs to be expanded to approximate the level of support given to research by private industry, or about 2% of all Federal expenditures for the aged.
- Research results need to be disseminated so that these research findings can be quickly applied to the situation of the elderly.
- Greater emphasis needs to be placed on the tools of research: adequate data bases, cell and animal models, research facilities and equipment.
- To maximize the contributions of research to the lives of the elderly, special attention should be given to the coordination of research on aging in the United States with that of other cooperative nations.
- The Federal Government should better coordinate its research activities in order to best bring research to bear on the lives of older people.
- Multidisciplinary research centers on aging, preferably regionally distributed, should be established and further developed.

APPENDIXES

Appendix A

1981 WHITE HOUSE CONFERENCE ON AGING

ACT

(P.L. 95-478, Title II)

SHORT TITLE

SEC. 201. This title may be cited as the "1981 White House Conference on Aging Act".

FINDINGS AND POLICY

SEC. 202 (a) The Congress finds that —

(1) the number of individuals fifty-five years of age or older was approximately 43,000,000 in 1976, and will, by the end of this century, be over 57,000,000;

(2) nearly 5,200,000 individuals fifty-five years of age or older had incomes below the poverty level in 1976, as determined by the Federal Government;

(3) there is a great need to improve the economic well-being of older individuals;

(4) there is a great need to make comprehensive and quality health care more readily available to older individuals;

(5) there is a great need for expanding the availability of suitable and reasonably priced housing for older individuals, together with services needed for independent or semi-independent living;

(6) there is a great need for a more comprehensive and effective social service delivery system for older individuals;

(7) there is a great need for a more comprehensive long-term care policy responsive to the needs of older patients and their families;

(8) there is a great need to promote greater employment opportunities for middle-aged and older individuals who want or need to work;

(9) there is a great need to develop a national retirement policy that contributes to the fulfillment, dignity, and satisfaction of retirement years for older individuals;

(10) there is a great need for a national policy with respect to increasing, coordinating, and expediting biomedical and other appropriate research directed at determining the causes of the aging process; and

(11) false stereotypes about aging and the process of aging are prevalent throughout the Nation and policies should be developed to overcome such stereotypes.

(b) (1) It is the policy of the Congress that the Federal Government should work jointly with the States and their citizens to develop recommendations and plans for action to meet the challenges and needs of older individuals, consistent with the objectives of this title.

(2) In developing programs for the aging pursuant to this title, emphasis should be placed upon the right and obligation of older individuals to free choice and self-help in planning their own futures.

AUTHORITY OF THE PRESIDENT AND SECRETARY; FINAL REPORT

SEC. 203. (a) The President may call a White House Conference on Aging in 1981 in order to develop recommendations for further research and action in the field of aging which will further the policies set forth in section 202. The Conference shall be planned and conducted under the direction of the Secretary in cooperation with the Commissioner on Aging and the Director of the National Institute on Aging, and the heads of such other Federal departments and agencies as are appropriate. Such assistance may include the assignment of personnel.

(b) For the purpose of arriving at facts and recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of older individuals, the Conference shall bring together representatives of Federal, State, and local governments, professional and lay people who are working in the field of aging (including researchers on problems of the elderly and the process of aging), and representatives of the general public, including older individuals.

(c) A final report of the Conference, which shall include a statement of a comprehensive coherent national policy on aging together with recommendations for the implementation of the policy, shall be submitted to the President not later than 180 days following the date on which the Conference is adjourned. The findings and recommendations included in the report shall be immediately available to the public. The Secretary shall, within 90 days after submission of the report, transmit to the President and to the Congress his recommendations for administrative action and the legislation necessary to implement the recommendations contained in the report.

ADMINISTRATION

SEC 204. (a) In administering this title the Secretary shall —

(1) request the cooperation and assistance of the heads of such other Federal departments and agencies as may be appropriate in carrying out the provisions of this title;

(2) render all reasonable assistance, including financial assistance, to State agencies on the aging and to area agencies on aging, and to other appropriate organizations to enable them to organize and conduct conferences on aging prior to the Conference;

(3) prepare and make available background materials for the use of delegates to the Conference which he deems necessary, and prepare and distribute any such report of the Conference as may be necessary and appropriate; and

(4) engage such additional personnel as may be necessary to carry out the provisions of this title without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(b) In carrying out his functions under clause (2) of subsection (a) the Secretary shall assure that conferences will be so conducted as to assure broad participation of older individuals.

(c) In carrying out his responsibilities under this title the Secretary shall assure that current and adequate statistical data

and other information on the well-being of older individuals in the United States are readily available, in advance of the Conference, to participants in the Conference, together with such information as may be necessary to evaluate Federal programs and policies relating to aging. In carrying out the requirements of this subsection the Secretary may make grants to, and enter into contracts with, public agencies and nonprofit private organizations.

ADVISORY COMMITTEES

SEC. 205. (a) The Secretary shall establish an advisory committee to the Conference which shall include representation from the Federal Council on Aging and other public agencies and private nonprofit organizations as appropriate. The Secretary shall establish such other committees, including technical committees, as may be necessary to assist in planning, conducting, and reviewing the Conference. Each such committee shall be composed of professional and public members and shall include individuals from low-income families and from minority groups. A majority of the public members of each such committee shall be 55 years of age or older.

(b) Appointed members of any such committee (other than any officers or employees of the Federal Government), while attending conferences or meetings of the committee or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary but not to exceed the daily rate prescribed for GS-18 under section 5332 of title 5, United States Code (including travel time). While away from their homes or regular places of business, such members may be allowed travel expenses, including per diem in lieu of subsistance, as authorized under section 5703 of such title for persons in Federal Government service employed intermittently.

DEFINITIONS

SEC. 206. For the purpose of this title —

(1) The term "area agency on aging" means the agency designated under section 305(a)(2)(A) of the Older Americans Act of 1965.

(2) The term "State agency on aging" means the agency designated under 305(a)(1) of the Older Americans Act of 1965.

(3) The term "Secretary" means the Secretary of Health, Education and Welfare.

(4) The term "Conference" means the White House Conference on Aging authorized in section 203(a).

(5) The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

AUTHORIZATION OF APPROPRIATIONS

SEC. 207. There are authorized to be appropriated such sums as may be necessary, for fiscal years 1979, 1980, and 1981, to carry out the provisions of this title.

Appendix B

NATIONAL ADVISORY COMMITTEE

The Secretary of the Department of Health and Human Services was responsible for planning and conducting the 1981 White House Conference on Aging. The Secretary established an Advisory Committee to provide advice and recommendations for planning and implementing the Conference.

CHAIRMAN

Constance D. Armitage, Inman, South Carolina; associate professor of art history at Wofford College, Spartanburg, S.C.; former president of the National Federation of Republican Women.

DEPUTY CHAIRMEN

J. Glenn Beall, Jr., Frostburg, Maryland; former U.S. Representative and Senator from Maryland; currently president of a Cumberland, Md., insurance company.

Anna V. Brown, Cleveland, Ohio; Executive Director of the Mayor's Commission on Aging, Cleveland; former director of the Cleveland Area Agency on Aging.

Dr. Arthur S. Flemming, Alexandria, Virginia; former chairman of the U.S. Civil Rights Commission; former Secretary of Health, Education and Welfare; former U.S. Commissioner on Aging; chairman of the 1971 White House Conference on Aging; chairman of the 1981 WHCoA Technical Committee on Older Americans as a Growing National Resource.

Consuelo L. Garcia, Houston, Texas; owner-operator of a hospice; chairman of the Mexican-American Cultural Society of Houston; delegate to the 1961 White House Conference on Aging.

William F. Kieschnick, Jr., Beverly Hills, California; president and chief operating officer of Atlantic Richfield Company, Los Angeles.

Eleanor Storrs, Coronado, California; president of the San Diego County Federation of Republican Women's Clubs; board member of the National Alliance of Senior Citizens; volunteer teacher with the American Red Cross for 31 years.

MEMBERS

Dr. Ralph David Abernathy, Atlanta, Georgia; senior pastor, West Hunter Street Baptist Church, Atlanta; former president of the Southern Christian Leadership Conference.

G. Richard Ambrosius, Spencer, Iowa; executive director of the Iowa Lakes Area Agency on Aging; specialist in rural aging issues.

Adelaide Attard, East Norwich, New York; commissioner of the Department of Senior Citizen Affairs, Nassau County; delegate to the 1971 White House Conference on Aging.

William H. Ayres, Bethesda, Maryland; former U.S. Representative from Ohio (co-sponsor of the original Older Americans Act and the second GI Bill'; president of W.H. Ayres, Inc.; member of the board of directors of Data Solutions of Vienna, Virginia.

Morrison H. Beach, West Hartford, Connecticut; board chairman of the Travelers Insurance Company, Hartford; chairman of the 1981 WHCoA Technical Committee on Creating an Age-Integrated Society-Implications for the Economy.

Gorham L. Black, Jr., Harrisburg, Pennsylvania; secretary of the Pennsylvania Department of Aging; former Region III director of the Department of Health, Education, and Welfare.

Dr. Virginia Boyack, Valencia, California; vice president of California Federal Savings and Loan, Los Angeles; lecturer on pre-retirement and life-cycle planning.

Dr. Cyril Brickfield, Bethesda, Maryland; executive director of the National Retired Teachers Association/American Association of Retired Persons; president of the National Senior Citizens Law Center; chairman of the Leadership Coalition on Aging.

Robert P. Bynum, Oneonta, Alabama; former deputy commissioner of the social Security Administration with 30 years experience in developing and operating Social Security programs.

Angelo Cefalo, West Hazleton, Pennsylvania; former special assistant to the president of the International Association of Machinists and Aerospace Workers; chairman of the Luzerne County Italian-American Foundation.

Jacob Clayman, Bethesda, Maryland; president of the National Council of Senior Citizens; past president and secretary-treasurer of the AFL-CIO Industrial Union Department.

Charlotte W. Conable, Washington, D.C.; coordinator of public policy projects for the Women's Studies Program and Policy Center, George Washington University; co-author of "Older Women: Economics of Aging."

Dr. Theodore Cooper, Kalamazoo, Michigan; executive vice president of the Upjohn Company; former Assistant Secretary for Health of the Department of Health, Education, and Welfare.

Mark Cox, Cheyenne, Wyoming; a rancher and cattle and horse breeder who has traveled extensively throughout the world and studied the cultures of numerous African, Asian, and South American nations.

Marcela Davila, Washington, D.C.; member of the District of Columbia Commission on Aging; president and founder of Educational Organizations for United Latin American Senior Citizens Programs; board member of the National Conference on Puerto Rican Women.

Doris W. Dealaman, Bernardsville, New Jersey, elected freeholder of Somerset County; chairman, National Association of Counties' Committee on Aging.

Agnes Dill, Isleta, New Mexico; past national president of the North American Indian Women's Association; elected member of the Pueblo Tribal Committee to Amend the Tribal Constitution; specialist in developing services for the Pueblo elderly.

Maria B. Dwight, Santa Monica, California; vice president of Gerontological Planning Associates in Santa Monica; former chairman of the board of the Geriatric Authority of Holyoke, Massachusetts.

Msgr. Charles J. Fahey, Bronx, New York; chairman of the Federal Council on Aging; director of the All-University Gerontological Center, Fordham University; chairman of the 1981 WHCoA Technical Committee on Long-Term Care.

John Fonteno, Jr., Houston, Texas; owner of a real estate consultant company and travel agency; member of the National Advisory Board for the Small Business Administration.

Dr. Daniel T. Gallego, Ogden, Utah; professor of sociology at Weber State College; president of the National Hispanic Council on Aging.

Dr. Clifford B. Harwood, Manchester Center, Vermont; practicing physician; former chairman of the Vermont Medical Society Committee on Aging.

Dr. Maria Hernandez-Peck, Walla Walla, Washington; former director of undergraduate programs for Antioch University West; specialist in long-term care research who has studied Cuban, American Indian, and native Alaskan elderly.

Dr. Myron Hesse, San Diego, California; retired deputy superintendent of business for the Glendale, California, Board of Education; member of the California Council on Criminal Justice.

Margaret H. Jacks, Tallahassee, Florida; former director of the Florida Division on Aging; former director of public assistance for Florida; chairman of the 1981 WHCoA Technical Committee on Physical and Social Well-Being and the Quality of Life; delegate to the 1961 and 1971 White House Conference on Aging.

Vern Jansen, Titusville, Florida; Speaker of the House of the Florida Silver-Haired Legislature; retired engineer for the National Aeronautics and Space Administration.

Shimji Kanazawa, Honolulu, Hawaii; state coordinator for Hawaii of the 1981 White House Conference on Aging; past chairman of the Hawaiian Committee on Aging; member of the Federal Council on Aging.

Robert W. Kerr, Santa Rosa, Calfornia; retired investor and manufacturer; chairman of the Westgate Capital Co.; trustee of the UCLA Foundation.

Margaret E. Kuhn, Philadelphia, Pennsylvania; founder and national convenor of the Gray Panthers.

D. Jane Maloney, Brant Beach, New Jersey; director of the Long Beach Island Senior Center, Brant Beach; former director of Outreach for Senior Services, Ocean County.

Marshall McDonald, Miami, Florida; chairman of the board and chief executive officer of Florida Power and Light Co.; co-chairman of the Mini-Conference on Business Sector Involvement for the 1981 White House Conference on Aging.

Sister Jeanne Margaret McNally, Belmont, North Carolina; superior general of the Sisters of Mercy of North Carolina; professor of nursing and former associate vice president for academic affairs at the University of North Carolina.

Dr. Danuta Mostwin, Baltimore, Maryland; professor of Social work, Catholic University, Washington, D.C.; adjunct professor at Loyola College, Baltimore; author of several publications on the family, social structures and the problems of Eastern European immigrants.

Dr. Bernice L. Neugarten, Chicago, Illinois; professor of education and sociology, Northwestern University; former professor of human development at the University of Chicago; member of the Federal Council on Aging; a leading researcher in the field of aging.

Marines N. Nikitas, Fitchburg, Massachusetts; chairman of the board of Nikitas Family Inns, Worcester; public official for 30 years at the local, State and Federal levels.

Walter Julian Oldham, Tuskegee, Alabama; executive director of the Tuskegee Area Health Education Center, Inc.; president of the National Association of Health Manpower Systems; specialist in the needs of the rural elderly.

Caroline Redebaugh, Springfield, Illinois; director of the Senior Action Center, Lieutenant Governor's Office, Illinois; former owner and administrator of a nursing home; delegate to the 1961 and 1971 White House Conferences on Aging.

Dr. Forrest James Robinson, Winfield, Kansas; director of development for Southwestern College; former secretary on aging for Kansas; ordained Methodist minister.

Bert Seidman, Falls Church, Virginia; director of the AFL-CIO Department of Social Security; member of the Social Security Advisory Council; chairman of the 1981 WHCoA Technical Committee on Retirement Income.

Tish Sommers, Oakland, California; president of the Older Women's League; founder of both the National Alliance of Displaced Homemakers and the Older Women's League Educational Fund.

Dr. E. Percil Stanford, El Cajon, California; director of the Center on Aging, San Diego State University; organizer of eight annual National Institutes on Minority Aging.

Charles Thone, Lincoln, Nebraska; Governor of Nebraska; former U.S. Representative.

Dr. Daniel Thursz, Bethesda, Maryland; executive director of B'nai B'rith International; former dean of the School of Social Work and Community Planning, University of Maryland.

Samuel J. Tibbitts, San Marino, California; president of the Lutheran Hospital Society of Southern California; former chairman of the American Hospital Association.

Lloyd Waring, Boston, Massachusetts; former partner of the banking firms of Kidder, Peabody & Co.; trustee of Loring, Wolcott, and Coolidge; long-time community activist in Massachusetts.

Dr. Ellen Winston, Raleigh, North Carolina; president of the National Council on Aging; former Commissioner of Welfare for the Department of Health, Education, and Welfare; former Commissioner of Public Welfare for North Carolina.

INTERNATIONAL REPRESENTATIVES

Dr. Henning Friis, Copenhagen, Denmark; Chairman of the World Health Organization Preparatory Conference for the 1982 United Nations World Assembly on the Elderly.

Dr. Tarek Shuman, Vienna, Austria; chief advisor for the 1982 United Nations World Assembly on the Elderly.

Appendix C

STATE WHITE HOUSE CONFERENCE ON AGING COORDINATORS

In early 1980, the Conference Office invited the governors of of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980 with a series of community forums and continued through the state conferences and the selection of the Gubernatorial delegates and observers. The listing of state coordinators reflects those individuals serving in that capacity at the time of the national meeting. In a few states the governors designated two individuals to serve as co-coordinators.

State	Coordinator
Alabama	William F. Elliott Deputy Director Commission on Aging
Alaska	Dr. Frederick McGinnis Deputy Commissioner Department of Health and Social Services
American Samoa	Tali Maae, Director Territorial Administration on Aging
Arizona	Gloria Heller Executive Director Governor's Advisory Council on Aging
Arkansas	Dana Steward
California	Janet Levy, Director Department of Aging
Colorado	Ms. Jan Moore-Kirkland Division of Services on Aging Department of Social Services
Connecticut	Marin Shealy Commissioner Department on Aging
Delaware	Eleanor Cain, Director Division on Aging, Department of Health and Social Services
District of Columbia	D. Richard Artis Executive Director Office of Aging
Florida	John L. Stokesberry Program Staff Director Aging and Adult Services Program Office Department of Health and Rehabilitative Services
Georgia	Troy A. Bledsoe, Director Office on Aging Department of Human Resources
Guam	Judge Joaquin Manibusan Department of Public Health and Social Services Division of Senior Citizens
Hawaii	Shimeji Kanazawa Executive Office of Aging
Idaho	Rose Bowman Office on Aging
Illinois	Peg Blaser, Director Department of Aging
Indiana	Jean Merritt Executive Director State Commission on The Aging and Aged
Iowa	Glenn Bowles Commission on Aging
Kansas	Sylvia Hougland Secretary Department on Aging
Kentucky	Blanche Brown
Louisiana	Thelma Holden
Maine	Patricia Riley, Director Bureau of Maine's Elderly Community Services Unit, DHS
Maryland	Dr. Matthew Tayback Director Office on Aging
Massachusetts	Dr. Thomas Mahoney Secretary Department of Elder Affairs
Michigan	Stanley Pratt, Office of the Governor; and, Roxanna O'Connor

State	Coordinator
Minnesota	Gerald Bloedow Executive Director Board on Aging
Mississippi	Dr. David B. Wilson Chairman Council on Aging
Missouri	Stuart Murphy Program Coordinator Special Projects
Montana	Gary A. Refsland, Dir. Center of Gerontology Montana State University
Navajo Nation	Jack DeGroat, Acting Director, Navajo Aging Services Department
Nebraska	C. Bruce Davis Commissioner Commission on Aging
Nevada	John McSweeney Division on Aging Services Department of Human Resources
New Hampshire	John "Jack" Buckley
New Jersey	James Pennestri, Director Division on Aging
New Mexico	Virginia Crenshaw and Lt. Gov. Robert Mondragon
New York	Jane Gould State Office for Aging
North Carolina	Ernest B. Messer
North Dakota	Al Mayer
Northern Mariana Islands	Edward M. Cabrera State Office of Aging
Ohio	Martin Janis Executive Director Commission on Aging
Oklahoma	Roy Keen, Director Special Unit on Aging Department of Human Services and Delbert Cravens Senior Administrative Assistant
Oregon	Robert Zeigen Office of Adult Services and Rev. Walter McGettigan Chair, Commission on Aging
Pennsylvania	Gorham L. Black, Jr., Secretary Pennsylvania Department on Aging
Puerto Rico	Dr. Jenaro Collazo-Collazo Secretary of Social Services
Rhode Island	Anna M. Tucker, Director Department of Elderly Affairs
South Carolina	Harry R. Bryan Executive Director Commission on Aging
South Dakota	Carole J. Boos Office on Aging and Adult Services Department of Social Services
Tennessee	Emily Wiseman, Director Commission on Aging
Trust Territory of Pacific Islands	Augustine H. Moses Office of Aging Community Development Division
Texas	Chris Kyker, Director Governor's Committee on Aging
Utah	F. Leon PoVey, Director Division of Aging
Vermont	Mary Ellen Spencer Director, Office on Aging
Virginia	Wilda Ferguson Director, Office on Aging
Virgin Islands	Elena L. Christian Chairman, Commission on Aging
Washington	Charles E. Reed, Director State Bureau on Aging Department of Social and Health Services
West Virginia	Phillip D. Turner Acting Executive Director Commission on Aging
Wisconsin	Douglas Nelson General Program Administration Division of Community Services
Wyoming	Stanley Torvik Office of the State Planning Coordinator

Appendix D

STATE WHITE HOUSE CONFERENCES ON AGING

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation between September 1980 June 1981.

State	Date(s) held	Location
Alabama	March 12-13, 1981	Montgomery
Alaska	March 13-15, 1981	Anchorage
American Samoa	March 18-19, 1981	Guam
Arizona	March 4, 1981	Phoenix
Arkansas	Oct. 1, 1980	Little Rock
California	April 27-29, 1981	Sacramento
Colorado	Oct. 9-11, 1980	Denver
Connecticut	March 25, 1981	West Hartford
Delaware	May 1, 1981	Dover
District of Columbia	May 1-2, 15, 1981	Washington
Florida	Sept. 16-19, 1980	Orlando
Georgia	March 2-5, 1981	Atlanta
Guam	March 13, 1981	Tamuning
Hawaii	Dec. 4-5, 1980	Honolulu

State	Date(s) held	Location
Idaho	April 10–11, 1981	Boise
Illinois	May 27–28, 1981	Urbana
Indiana	Oct. 20–22, 1980	Merrillville
Iowa	April 12–15, 1981	Des Moines
Kansas	May 19–21, 1981	Salina
Kentucky	May 19–21, 1981	Frankfort
Louisiana	April 3, 1981	Baton Rouge
Maine	Oct. 7–8, 1980	Augusta
Maryland	Nov. 17, 1980	Baltimore
Massachusetts	May 19, 1981	Boston
Michigan	April 29, 1981	Dearborn
Minnesota	May 27–28, 1981	St. Cloud
Mississippi	May 18–20, 1981	Jackson
Missouri	May 11–13, 1981	Columbia
Montana	April 11, 1981	Bozeman
Navajo Nation	March 24–26, 1981	Tsaile, Arizona
Nebraska	April 27–28, 1981	Omaha
Nevada	June 19, 26, 1981	Las Vegas; Reno
New Hampshire	May 16, 1981	Concord
New Jersey	March 24, 1981	Trenton
New Mexico	May 7–8, 1981	Santa Fe
New York	May 10–12, 1981	Albany
North Carolina	March 13, 1981	Raleigh
North Dakota	May 11–12, 1981	Bismarck
Northern Mariana Islands	April 24, 1981	Saipan
Ohio	April 22–24, 1981	Columbus
Oklahoma	April 20, 1981	Oklahoma City
Oregon	March 23–25, 1981	Portland
Pennsylvania	March 22–25, 1981	Hershey
Puerto Rico	March 12–13, 1981	Puerto Rico
Rhode Island	Nov. 22, 1980	East Providence
South Carolina	May 14–15, 1981	Columbia
South Dakota	April 7–8, 1981	Mitchell
Tennessee	May 11–12, 1981	Chattanooga
Texas	March 29–31, 1981	Dallas
Trust Territory of Pacific Islands	May, 1981	Marshalls, Palau, and Ponape, FSM
Utah	March 16-19, 1981	Cedar City, Moab, Monroe Provo, Salt Lake City, Tremonton, Vernal
Vermont	Nov. 19, 1980	Fairlee
Virginia	Oct. 16–17, 1979	Richmond
Virgin Islands	May 4–5; 1981	St. Thomas
Washington	April 21–22, 1981	Yakima
West Virginia	March 24–25, 1981	Weston
Wisconsin	May 5, 1981	Madison
Wyoming	June 1–2, 1981	Casper

Appendix E

TECHNICAL COMMITTEES

The Technical Committees for the 1981 White House Conference on Aging were charged with developing issues and recommendations in a particular area for consideration as background material for the delegates. The members serving on the technical committees were appointed by the Secretary of the U.S. Department of Health and Human Services. Positions held at time of serving are indicated for each individual.

Technical Committee
on
Creating an Age Integrated Society:
Implications for Societal Institutions

Chairman: George L. Maddox, Ph.D.
Director, Center for Study of Aging and Human Development
Duke University, NC

Margaret E. Kuhn
National Convenor,
Gray Panthers
PA

Demetria H. McJulien, Ph.D.
Congressional Black Caucus
Brain Trust on Aging
Southern University, LA

Douglas W. Nelson, Director
Wisconsin Bureau of Aging

Tish Sommers, President
Older Women's League
Educational Fund, CA

Lyman M. Tondel, Jr., J.D.
Chairman, Commission on the
Elderly
American Bar Association, DC

Technical Committee
on
Older Americans as a Growing
National Resource

Chairman: Arthur S. Flemming, LL.B., J.D., Chairman
U.S. Commission on Civil Rights
and
Deputy Chairman, 1981 White House Conference on Aging
Washington, D.C.

J. Max Bond, Ph.D.
Retired Foreign Service Officer
State Department
Washington, DC

Bina S. Davis, Director
Retired Senior Volunteer
Program
Bethany, MO

Victor E. Hruska, J.D.
Former Director, Older
Americans Volunteer Programs

William R. Hutton, Executive Director
National Council of Senior Citizens

Genevieve Rakocy, Ph.D.
Former President, National Association of Retired Senior Citizens

Eleanor Rubin, Chairman
National Task Force on Aging
National Council of Jewish Women, NYU

Sara-Alyce P. Wright, MSW
Executive Director, National Board, YWCA
New York City

Technical Committee on Creating An Age Integrated Society: Implications for Spiritual Well-Being

Chairman: Cynthia Wedel, Ph.D.
President, World Council of Churches

Msgr. Charles J. Fahey, S.J.
Director, Fordham University Gerontology Center, NY
Chairman, Federal Council on Aging

Margaret Jacks, MSW, ACSW
Volunteer Lobbyist
Florida Council on Aging

Carmela Lacayo, BA
Executive Director
Associaion Nacional Por Personas Mayores, CA

Benjamin E. Mays, Ph.D.
President, Atlanta Board of Education
President Emeritus
Morehouse College, GA

Rabbi Marc H. Tannenbaum
Director
National Interreligious Affairs
American Jewish Committee, NY

Annie Wauneke, D.H.
Navajo Tribal Council, AZ

Technical Committee on Creating an Age-Integrated Society: Implications for Governmental Structures

Chairman: Elias S. Cohen, J.D.
Managing Partner
Public Interest Law Center
Philadelphia, PA

Lionel B. Cade, Mayor
Compton, CA

Doris W. Dealaman,
Freeholder
Board of Directors and Chairman
Subcommittee on Aging
National Association of County Officials,
Washington, DC

Harry Holland, Retired
Social Security Administration
Phoenix, AZ

Herman Holloway, Sr.
State Senator
DE

Charles E. Reed, Director
Bureau of Aging
State of Washington

Technical Committee on Physical and Social Environment and Quality of Life

Chairman: Margaret H. Jacks, A.C.S.W.
Former Director, Florida Division on Aging, Volunteer Lobbyist, Florida Council on Aging

Mary Adams, Ph.D., R.N.
Chairman, Department of Gerontology Nursing
Case Western Reserve University, OH

Rev. Lucius F. Cervantes, S.J. Ph.D.
Commissioner
St. Louis Area Agency on Aging, MO

Wilma Donahue, Ph.D.
Executive Director
International Center for Social Gerontology
Washington, DC

Rev. Alfred G. Elgin, Jr.
Executive Director
National Indian Council on Aging
Albuquerque, NM

Elvina Gray Bear, Secretary
Standing Rock Tribal Council, ND

Elinor C. Guggenheimer, President
Council of Senior Citizens Centers, New York City

Ildiko Heffernan, M.A.
Department of Community Services
Brooklyn Museum, NY

David Levine, Ph.D., A.C.S.W.
Professor of Social Work
University of Georgia
Athens, GA

Olga M. Madar
Michigan Vice-President
Coalition of Labor Union Women
Detroit, MI

Lupe A. Morales
Los Angeles City Council on Aging
Deputy Chairman, 1981
White House Conference on Aging

Barbara Silverstone, D.S.W.
Executive Director
Benjamin Rose Institute
Cleveland, OH
Chairman, Committee on Aging, NASW

Aminda B. Wilkins, A.C.S.W.
Board of Directors
Catholic Interracial Council
New York City

Technical Committee on Health Services

Chairman: John Beck, MD, Director
Division of Geriatric Medicine, UCLA

Joseph E. Becker
Nursing Home Administrator
Masonic Home, NJ

Emanuel Borenstein, A.C.S.W., Retired
Florida Department of Health and Rehabilitation Services

Anna V. Brown, M.A.
Executive Director
Mayor's Commission on Aging
Cleveland, OH

Craig P. Burrell, M.D.
Vice President and Director
Sandoz, Inc., NJ

Ewald W. Busse, M.D.
Associate Provost and Dean of Medicine & Allied Health
Duke University, NC

Michael E. DeBakey, M.D.
Chancellor and Chairman
Department of Surgery
Baylor College of Medicine, TX

Carl Eisdorfer, M.D., Ph.D.
Senior Fellow
Institute of Medicine
National Academy of Sciences

Seymour Farber, M.D.
Vice-Chancellor Emeritus
University of California (S.F.)

David A. Gee, President
The Jewish Hospital
St. Louis, MO

Robert Griffiths, D.D.S.
President-Elect
American Dental Association, IL

Arthur Helfand, D.P.M.,
Chief
Department of Podiatric Medicine
Philadelphia Medical Center

William Hutton, Executive Director

National Council of Senior Citizens
Washington, D.C.

Eric Pfeiffer, M.D., Chief
Psychiatry Services
Veterans Hospital, Tampa, FL

Nathan Smukler, M.D.
Professor of Medicine
Division of Rheumatology
Thomas Jefferson University, PA

Virginia Stone, R.N., Ph.D. F.A.A.N.
Professor Emeritus in Nursing
Duke University, NC

Larry Wright, M.D.
Rural Family Practice
Rogers Medical Center, AK

Technical Committee on Family, Social Services, and Other Support Systems

Chairman: David Maldonado, D.S.W.
Associate Professor, Graduate School of Social Work
University of Texas, Arlington

Frances Carp, Ph.D.
Research Associate in Housing
Wright Institute, CA

Rev. Lucius E. Cervantes S.J., Ph.D.
Commissioner, St. Louis Area Agency on Aging, MO

Theodore Cooper, M.D., Ph.D.
Former Assistant Secretary of Health
Department of Health, Education, and Welfare
Executive Vice-President
UpJohn Company, MI

Aaron E. Henry, Ph.D., President
National Council of Black Aged
Washington, D.C.

William M. Kerrigan, M.A., LL.B.
Executive Director
International Federation on Aging
Washington; D.C.

David L. Levine, Ph.D., A.C.S.W.
Professor of Social Work
University of Georgia
Athens, GA

Inabel Lindsey, D.S.W., Dean Emeritus
Howard University School of Social Work
Washington, D.C.

Lorraine B. McGee
Board of Directors
Girl Scouts of America

Joan Quinn, M.S., R.N.
Executive Director
TRIAGE Long Term Care Project, CT

Dennis Rezendes, M.G.A.
Executive Director
HOSPICE, CT

Gloria Saca, Director
Area Agency on Aging
McAllen, TX

Janet S. Sainer, J.S.
Commissioner
New York City Department for the Aging

James T. Sykes
Vice-Chairman
Federal Council on Aging and Member, Wisconsin Board on Aging

Rafael Villaverde, M.A.
Executive Director
Little Havana Centers, FL

Ellen Winston, Ph.D., Chairman
NC Governor's Advisory Council on Aging
President, National Council on Aging
Deputy Chairman, 1981 White House Conference on Aging

Technical Committee on Social & Health Aspects of Long Term Care

Chairman: Msgr. Charles J. Fahey, S.J., Director
Center on Gerontology, Fordham University, NY
Chairman, Federal Council on Aging

John Beck, M.D., Director
Division of Geriatric Medicine, UCLA

Joseph E. Becker
Nursing Home Administrator
Masonic Home, NJ

Homer W. Cunningham
President and Chairman of the Board
Progressive Medical Groups, Inc., VA
Chairman of the Board, Meals on Wheels, VA

William L. Gee, D.D.S., President
On-Lok Senior Health Services for Pacific/ Asians, CA

Ernesto Martinez, Director of Senior Programs
East Harlem Council for Human Services, NY

Joan Quinn, M.S., R.N., Executive Director
TRIAGE Long-Term Care Project, CT

William Reichel, M.D., President
American Geriatric Society
Washington, DC

Janet S. Sainer, M.S.
Commissioner, NYC Department for the Aging, NY

Malcolm O. Scamahorn, M.D.
Chairman, Committee on Aged and Long-Term Care
American Medical Association, IL

Herbert H. Shore, Ed.D.
Executive Vice-President
Dallas Home for Jewish Aged, TX

Jerry D. Smart, President
American Association of Homes for the Aged, DC

Gladys R. Voegtli, Chairman
Long-Term Care Planning Committee
State Advisory Council to the Wisconsin Bureau on Aging

Ellen Winston, Ph.D., Chairman
North Carolina Governor's Advisory Council on Aging
President, National Council on Aging
Deputy Chairman, 1981 White House Conference on Aging

Technical Committee on Creating an Age-Integrated Society: Implications for the Family

Chairman: Helena Z. Lopata, Ph.D.
Professor of Sociology
Director, Center for Comparative Study of Social Roles
Loyola University, Chicago, Illinois

Avis Bohlen
American Association of Foreign Service Women
Washington, D.C.

Elaine Brody, M.A.
President-Elect
Gerontological Society of America
Senior Researcher
Philadelphia Geriatric Center

Rev. Lucius F. Cervantes, S.J., Ph.D.
Executive Director
St. Louis Area Agency on Aging and Mayor's

Commission on Aging
St. Louis, MO

Robert Hill, Ph.D.
Director of Research
National Urban League, DC

Mesako Osako, Ph.D.,
Professor
Department of Sociology
University of Illinois

Barbara Silverstone, D.S.W.
Executive Director
Benjamin Rose Institute
Chairman, Committee on
Aging, NASW
Cleveland, OH

Technical Committee
on
Employment

Chairman: James T. Sykes, Vice-Chairman
Federal Council on Aging and Member of
the Wisconsin Board of Aging

Virginia Boyack, Ph.D.
Vice President
California Federal Savings
& Loan Association
Los Angeles, CA

Cyril F. Brickfield, S.J.D.
Executive Director
National Retired Teachers
Association/American
Association for Retired
Persons
Washington, D.C.

Cyril Carpenter, President
Minnesota Farmer's
Union, MN

Delores A. Davis-Wong, Ph.D.
Executive Director
National Center on Black Aged
Washington, D.C.

Georgia Neese Clark Gray
Former U.S. Treasurer
Past President, Capital City
Bank and Trust Company
Topeka, KS

Helen Hayes
Author and Actor
Board of Directors, National
Council on Aging
Nyack, NY

William F. Kieschnick
President and Chief
Executive Officer
Atlantic Richfield
Company, CA

Sharon Y. Moriwaki, Ph.D.
Assistant Director and
Researcher
Gerontology Center
University of Hawaii

Lawrence Smedley
Associate Director
Department of Social Security,
AFL-CIO
Washington, D.C.

William E. Williams
State Director
Green Thumb Programs, NJ

Coleman A. Young, Mayor
Detroit, MI

Technical Committee
on
Retirement Income

Chairman: Bert Seidman, Director
Department of Social Security, AFL-CIO
Washington, DC

Robert M. Ball, Senior Scholar
Institute of Medicine
National Academy of Sciences
Former Commissioner, Social
Security Administration

Jacob Clayman, President
National Council of Senior
Citizens
Washington, DC

Georgia Neese Clark Gray
Former U.S. Treasurer
Past President, Capital City
State Bank and Trust
Company

Victor E. Hruska, J.D.
Former Director
Older Americans Volunteer
Program

Louise Kamikawa-
Swanson, B.A.
Pacific/Asian Elderly
Resource Center, WA

Andrew E. Ruddock, LL.B.,
LL.M.
Former Director, Retirement
Institute and Occupational
Health
U.S. Civil Service Commission
Consultant

Thelma C. Zwerdling, M.A.
Women's Research and
Education Institute of the
Congresswomen's Caucus
Washington, D.C.

Technical Committee
on
Research in Aging

Chairman: James E. Birren, Ph.D., Dean
School of Gerontology and Professor of
Psychology
University of Southern California

Mary Adams, Ph.D., R.N.
Chairman, Department of
Gerontology/Nursing
Case Western Reserve
University, OH

Ewald Busse, MD
Associate Provost and Dean
of Medicine
Duke University, NC

Michael E. DeBakey, M.D.
Chancellor and Chairman
Department of Surgery
Baylor College of
Medicine, TX

Carl Eisdorfer, M.D., Ph.D.
Senior Fellow
Institute of Medicine
National Academy of
Sciences, DC

Seymour M. Farber, M.D.
Vice-Chancellor Emeritus
University of California (S.F.)

Caleb Finch, Ph.D., Professor
of Gerontology and
Biological Sciences
University of Southern
California

Robert Hill, Ph.D.
Director of Research
National Urban League, DC

Seymour S. Kety, M.D.,
Professor of Psychiatric
Research
Harvard University School of
Medicine, MA

Florence Mahoney
National Policy Boards
in Aging
Member, National Advisory
Committee
National Institute on Aging

Demetria McJulien, Ph.D.
Congressional Black Caucus
Brain Trust on Aging
Southern University, LA

Sharon Moriwaki, Ph.D.
Assistant Director and
Researcher
Hawaii Gerontology Center
University of Hawaii

Mesako Osako, Ph.D.
Professor of Sociology
University of Illinois

Technical Committee
on
Health Maintenance
& Health Promotion

Chairman: Seymour M. Farber, M.D.
Vice-Chancellor Emeritus
University of California, SF

Mother Bernadette, O. Carm.,
A.C.S.W.
Administrator and Member
of Board of Directors
Carmelite Homes for the
Aged and Infirm, CT

Edna Cnavis, Ph.D.
Missouri Division on Aging

Arin Chwalow, Dr. P.H., R.N.
Assistant Professor, Division
of Health Education
School of Hygiene and Public

Health
Johns Hopkins University, MD

Theodore Cooper, M.D., Ph.D.
Executive Vice President
The Upjohn Company
Former Assistant Secretary
for Health
Department of Health,
Education, and Welfare

Margaret A. Ohlson, Ph.D.
Past President
American Diabetic Association

Barbara Silverstone, D.S.W.
Executive Director
The Benjamin Rose Institute
Chairman, Committee on
Aging, NASW
Cleveland, OH

Francisco, Trillc, M.D.
CABS Nursing Home
Brooklyn, NY

Larry Wright, M.D.
Rural Family Practitioner
Rogers Medical Center, AK

Technical Committee
on
Creating an Age-Integrated Society: Implications for the Educational Systems

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Professor and Director
Institute of Gerontology
University of Michigan

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Washington, DC

Wilma Donahue, Ph.D.
Executive Director
International Center for Social
Gerontology
Washington, DC

Carroll Estes, Ph.D.
Professor of Sociology
School of Nursing
University of California (SF)

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Chairman, U.S. Commission
on Civil Rights,
Washington, DC
Deputy Chairman, 1981 White
House Conference on Aging

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Allapattah Hispanic
Community Center
Miami, FL

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A.C.S.W.
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Supervisor Adult Education
Providence Public
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Professor and Chairman
Department of Behavioral
Science
University of Chicago
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White House Conference
on Aging

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on
Creating an Age-Integrated Society: Implications for the Economy

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Centers, NYC

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M.I.A., J.D.
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Executive Officer
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President and Chief
Executive Officer
Atlantic Richfield Company
Los Angeles, CA

Richard L. McDowell, Ph.D.
Dean and Professor, School
of Management
Suffolk University, MA

Aida Perez, M.A., J.D.
Com. Puertoriqueria de
Gericultura, PR

Esther Peterson, A.B., M.A.
Special Assistant to the
President for Consumer
Affairs, 1976-1980

Bert Seidman, Director
Department of Social
Security, AFL-CIO
Washington, DC

Thelma Zwerdling, M.A.
Consultant, Women's
Research and Educational
Institute of the
Congresswomen's Caucus
Washington, D.C.

Technical Committee
on
Creating an Age Integrated Society: Implications for the Media

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D.D., Director
National Interreligious Affairs
American Jewish Committee

Lydia Bragger, Chairman
Gray Panther National Media
Watch Task Force

Bertha Brown, M.A.,
Executive Director
Our Neighborhood Civic
Association and School-
Community Program
Philadelphia, PA

Nancy Hanks, A.B.
Former Chairman of the
National Endowment for the
Arts
Active Board Member at
Duke University Center on
Aging
Washington, DC

Kathleen Hall Jamieson, Ph.D.
Department of
Communication Arts
University of Maryland

Jules Power, Senior Producer
Over Easy, Public
Broadcasting System
San Francisco, CA

Nancy K. Schlossberg, Ed.D.
Expert MidlifeTransition
and Counteracting
Stereotypes

Jackie Sunderland, Director
National Center of Arts
and Aging
National Council on the Aging
Washington, DC

Appendix F

MINI-CONFERENCES OF THE 1981 WHITE HOUSE CONFERENCE ON AGING

Forty-two mini-conferences were recognized by the 1981 White House Conference on Aging and convened by designated organizations who wished to focus national attention on special aging issues.

Mini-Conference	Date and location	Convenors
Aging and Alcoholism	Feb. 1-3, 1981 Racine, WI	Blue Ribbon Study Commission on Alcoholism and the Aging of the National Council on Alcoholism
Alzheimer's Disease	Sept. 28, 1980 Bronx, NY	Alzheimer's Disease and Related Disorders Association
		National Institute on Aging
		National Institute of Neurological and Communicative Disorders and Stroke
		National Institute of Mental Health
American Indian/ Alaskan Native Elderly	Sept. 8-10, 1980 Albuquerque, NM	National Indian Council on Aging
The Arts, the Humanities, and the Older Americans	Feb. 1-3, 1981 Philadelphia, PA	National Council on the Aging Centers for the Arts & Humanities
Black Aged	Nov. 23-25, 1980 Detroit, MI	National Caucus and Center on the Black Aged, Inc.
	Dec. 9-11, 1980 Atlanta, GA	
	Jan. 7-9, 1981 Los Angeles, CA	
Challenging Age Stereotypes in the Media	Jan. 15-16, 1981 New York, NY	National Gray Panthers
Concerns of Low-Income Elderly	Jan. 13-15, 1981 Kansas City, MO	National Community Action Agency Executive Director's Association
	Jan. 25-27, 1981 Washington, DC	
Consumer Problems of Older Americans	Jan. 29-30, 1981 Washington, DC	The National Retired Teachers Association/American Association of Retired Persons
Elderly Hearing Impaired People	Jan. 11-13, 1981 Washington, DC	Self Help for Hard of Hearing People, Inc.
Energy Equity and the Elderly	Oct. 23-24, 1980 Boston, MA	National Retired Teachers Association/American Association of Retired Persons
	Oct. 29-30, 1980 St. Petersburg, FL	
The Environment and Older Americans	Feb. 5-6, 1981 Washington. DC	National Retired Teachers Association/American Association of Retired Persons
Euro-American Elderly	Nov. 4-6, 1980 Cleveland, OH	The Center for the Study of Pre-Retirement and Aging at the Catholic University of America and the National Center for Urban Ethnic Affairs
	Nov. 10-12, 1980 Baltimore, MD	
Foot Health and Aging	March 7-8, 1981 Philadelphia, PA	American Podiatry Association
Gerontological Nursing	March 27-29, 1981 Cleveland, OH	Upjohn Health Care Services
		American Nurses' Association Cleveland Clinic Foundation
Hispanic Elderly	Jan. 5-8, 1981 Los Angeles, CA	Associacion Nacional Pro Personas Mayores

Mini-Conference	Date and location	Convenors
Housing for the Elderly	Oct. 22–24, 1980 Washington, DC	National Council of Senior Citizens
		National Senior Citizens Education and Research Center
Intergenerational Cooperation and Exchange	Dec. 5, 1980 Washington, DC	National Council on the Aging
Inter-relationship of Government, Private Foundations, Corporate Grant-Makers and Unions	Jan. 15–16, 1981 New York, NY	Brookdale Center of Aging of Hunter College
Legal Services for the Elderly	Jan. 29–30, 1981 Washington, DC	National Senior Citizens Law Center
Life Long Learning for Self-Sufficiency	Nov. 12–14, 1980 Racine, WI	Institute of Lifetime Learning of the National Retired Teachers Association/American Association of Retired Persons
		Commission on Education for Aging of the Adult Education Association/USA
		Association for Gerontology in Higher Education
		Population Resource Center
Long Term Care	Dec. 10–12, 1980 Reston, VA	Policy Development and Implementation Division, American Association of Homes for the Aging
Mental Health of Older Americans	Nov. 17–19, 1980 San Diego, CA	American Psychological Association
		American Nurses' Association
		National Association of Social Workers
		American Psychiatric Association
National Dialogue for the Business Sector	March 5–7, 1981 La Quinta, CA	The Executive Board
		The Western Gerontological Society
National Health Security	Jan. 15, 1981 Washington, DC	National Council of Senior Citizens
		National Retired Teachers Association/American Association of Retired Persons
Non-Services Approaches to Problems of the Aged	Fe' 6, 1931	Center for Urban and Regional Policy of SRI International
Older Women	Oct. 9–10, 1980 Des Moines, IO	Western Gerontological Society
		Older Womens League Education Fund
Oral Health Care Needs of the Elderly	Nov. 19–20, 1980 Chicago, IL	American Dental Association
Pacific/Asian Elderly	Jan. 15–16, 1981 San Francisco, CA	National Pacific/Asian Resource Center on Aging
Pacific Islanders Jurisdiction	March 18–19, 1981 Guam	Pacific American Territories on Aging
Public/Voluntary Collaboration: A Partnership in Contributing to Independent Living for the Aging	Nov. 23-25, 1980 Washington, DC	National Voluntary Organizations for Independent Living for the Aging of the National Council on the Aging

Mini-Conference	Date and location	Convenors
Recreation, Leisure and Physical Fitness	Jan. 30, 1981 Arlington, VA	National Recreation and Park Association
Rights of the Institutionalized Elderly and the Role of the Volunteer	Jan. 23, 1981 Washington, DC	National Citizens' Coalition for Nursing Home Reform
		National Senior Citizens Law Center
		National Gray Panthers
Rural Aging	Sept. 8-10, 1980 Owensboro, KY	Green Thumb, Inc.
	Sept. 23-25, 1980 East Hartford, CT	
	Oct. 5-7, 1980 Jacksonville, FL	
	Oct. 19-21, 1980 Sioux Falls, SD	
	Nov. 12-14, 1980 Oklahoma City, OK	
	Nov. 23-25, 1980 Sacramento, CA	
Saving for Retirement	Jan. 16-17, 1981 Alexandria, VA	American Council of Life Insurance
		The Graduate School of Business at Columbia University
Self-Help and Senior Advocacy	Jan. 28-29, 1981 Washington, DC	Betterment for United Seniors
Senior Centers	Jan. 26-27, 1981 Arlington, VA	The National Council on Aging's National Institute of Senior Centers
Simplifying Administrative Procedures and Regulations in Programs Affecting the Elderly	Sept. 27, 1980 Washington, DC	Commission on Legal Problems of the Elderly of the American Bar Association
Spiritual and Ethical Value System Concerns	Oct. 27-30, 1980 Erlanger, KY	The National Interfaith Coalition on Aging
Transportation for the Aging	Oct. 20-22, 1980 Sarasota, FL	Institute of Public Administration
		Center on Gerontology at Florida State University
The Urban Elderly	Feb. 1-3, 1981 Albuquerque, NM	Urban Elderly Coalition
Veterans	Jan./Feb. 1981 Washington, DC	Veterans of World War I
		American Legion
		AMVETS
		Disabled American Veterans
		Veterans of Foreign Wars
Vision and Aging	Jan. 11-13, 1981 Bethesda, MD	American Foundation for the Blind

Appendix G

DELEGATES
1981 WHITE HOUSE CONFERENCE ON AGING

Alabama

Mrs. W. Lillian Andrews
Josiah D. Bancroft
Mary A. Berg
Judy Baker Bewley
J. Clyde Blair
Virginia Bradshaw
Robert P. Bynum
Charles T. Clayton
Clayton Davis
Hubert Deal
George Drasheff
Charles W. Edwards
William Frank Eiliott
F. Michael Ford
Helen R. Geesey
Mary Ruth Graham
Andrew C. Greathouse
Mary F. Henry
Finley Paul Ledford, Jr.
William M. Long, Sr.
Mary Hatfield Moore
Mrs. Arthur Mae Norris
Walter Julian Oldham
Samuel P. Pettagrue, Sr.
Edwin C. Price
Sister Audrey Recktenwald
Medford H. Roe
Levelma Simmons
Bishop William M. Smith
Erin L. Snowden
Anna A. Steele
Rev. Carlee Thomas
Helen Rhodes Thompson
Laura H. Watts

Alaska

Lucille Brenwick
Rachel Craig
Mary C. Demientieff
Robert R. Gore
Hazel F. Heath
Gladys L. Jung
Frederick McGinnis
Rose Palmquist
M. Danny Plotnick
Elizabeth E. Warren

American Samoa

Salanoa P. Aumoeualogo
Toeaso A. Faatili
Tali T. Maae

Arizona

Kathi Baldwin
Bessie Berry
Benjamin N. Brook
Egbert J. Brown
John J. Burnham
Vernell Coleman
Ismael Dieppa
Katie Dusenberry
Marvin T. Gibson
Gloria Heller
John Herrick
Harry Holland
Guadalupe Huerta
E. Louise Knopf
Orville Larson
Mariar Lupu
Juana P. Lyon
Maxine B. Marshall
Edna H. McDonald
Howard McKinley
Delores Palmer
Minnie Mae Powell
Wallace G. Roberts
Charles I.Schottland
Helen Seader
A. Park Shaw
Lucy Silva
R. Frances Smith
Catherine M. Steinhauser-Knowles
Harold H. Velde
Annie D. Wauneka
William T. Wolfrey

Arkansas

John R. Alley
Mildred Atkinson
Lois L. Baker
Arthur F. Bouton
Marge Crabaugh
Almada Doulin
Barbara Ayers Gillman
Guy F. Hankins
Dewey S. Lantrip
Clarence H. LeVee
Elmer L. Nichols
William F. Pogue
Alice Preston
Hoyte R. Pyle
Sam Richardson
Delcinia Robinson
Carolyn Sisney
Dana Fowler Steward
Russell Taylor
Gertie M. Wells
J. Paul Willis
Larry D. Wright
Cecil C. Youngblood

California

Jorge Terrazas Acevedo
Adelaide E. Adams
Elmer B. Allmeroth
Eleanor Ashmore
A. Sheridan Atkinson
Lewis Li-Tang Au
Clarence Avery
Ingrid Azvedo
Cecile Z. Barbash
Carnella Barnes
Lucile Barnett
Juanita K. Bartlet
John C. Beck
Ann B. Benner
Morris Better
Dorothy Bingham
James Emmett Birren
Wanda J. Blake
Fred H. Bockelman
Frank M. Bodin
Virginia Lee Boyack
Andrew V.Bradley, Jr.
Mrs. Tem[illegible] Brooks
Emma Cleo Brown
Neel Buell
Rose L. Burrus
Sandi Bush
Lionel Cade
Grace B. Callahan
Lovella Carling
Graciela Cashion
Elizabeth J. Castro
Gloria H. Cavanaugh
W. Craig Chambers
Bill H. Chin
Alfred Chiplin
John Cimolino
Margaret Clark
Esther Coleman
Constance P. Cone
Kathryn L. Corbett
Robert Scott Covey
Joseph Crosby
L. Frances Cullen
Grace M. Davis
Suny DeLeon
Domingo Delgado
Claude Devers
Robert A. Dobbins
Harry Doughty
Sudie R. Douglas
Charles G. Drasnin
John W. Dudley
Neil S. Dudovitz
Maria Burgee Dwight
Frank Richard Dwyer
Donald F. Echelbarger
Zelda Eliot
Ted Ellsworth
Carroll L. Estes
Leobardo F. Estrada
Maria C. Estrada
Fred Evicci
Seymour M. Farber
Joan Feeney
Gerald Felando
John M. Feliz
Roberta Fenlon
Merrill M. Follansbee
Jean C. Fraser
Frank Freeland
Rev. James Froede
Susie P. Gaines
Enrique M. Garcia
Barbara Garcia-Weed
Delna Wilson Garrison
Gwyneth Gayman
William L. Gee
Miriam L. Gholikely
Janet L. Goeske
Patricia K. Gore
Frank M. Grace
J. Chris Grier
Ernest Griffes
Woodrow W. Groves
Andrew P. Gutierrez
George T. Hamilton
Leonard J. Hansen
Neil A. Harris
Borghild O. Haugen
Clarice Hayman
Lois Heiserman
Margaret J. Helton
Henry Herriford
Evelyn S. Herrmann
Myron A. Hesse
Eugenia Goff Hickman
Ira S. Hirschfield
Gus Hopman
Helen E. Huber
Charlotte Humphrey
Walter Hunt
John A. Jackson
Maurice Jackson
James T. Jarrell
Steven M. Jeong
Ellen Jepson
E.J. Joergenson
Wilson S. Johnson
Richard L. Johnson
Pauline Johnston
Carl Jones
Seymour M. Joseph
Reverend S. Kanow
Robert W. Kerr
Alice E. Keshick
William F. Kieschnick
Stanley J. Kilcoyne
Dora Kim
Lorelei Kinder
Eva Mae Kirby
Archer R. Kirkpatrick
Frances S. Kobata
Betty Kozasa
Leslie Kwass
Carmela G. Lacayo
Conway Lanford
Carroll L. Lang
O. Virginia Lee
Wayne Lee
Luis Leija
Paul Leos
Martin Levine
Sema Levinson
Janet J. Levy
Rabbi Albert Manilla Lewis
Malcolm A. MacKillop
Ann B. Manis
John L. Martin

Flora R. Martinez
Jack Martinez
Vilma R. Martinez
Carol N. McAlister
Harrold McFarland
Robert McLennan
Robert G. Medina
Nora M. Mitsumori
Einar Mohn
Lupe A. Mora'es
Blanche Moreno
Charlotte Mousel
Delbert Murray
Bruce Nestande
Muriel Oberleder
Rabbi Arthur Oles
Millie Paul
Laura E. Pearson
Eleanor Perez
Betty Perkins
Salome Phillips
John D. Piazza
Sally R. Pierce
Elaine Pond
William M. Purvis
Ana A. Ramirez
Henry M. Ramirez
Robert C. Reed
Toni Rini
Rebecca Robar
Anna Spencer Roemer
Robert J. Ruby
Bonny Russell
Clara Rutherford
Ed Ryken
Christine M. Sadowski
Fred E. Salsman
Cruz F. Sandoval
Robert H. Scanland
Jack G. Schapiro
Isadore Schneider
Ray Schneyer
Valeria Scott
Kay Shaw
Howard H. Shumway
Liz Simms
Annette K. Small
M.C. Small
Lee Smith
Tish Sommers
John George Sonneborn, Jr.
Juana Sotia
Mary Lou South
E. Percil Stanford
Eleanor Ring Storrs
Robert A. Stotelmeyer
Mike Suermann
Ida Sydnor
Milton J. Tepper
Gerti Thoma
Velma M. Thompson
Robert Thornberg
Samuel J. Tibbitts
Charles A. Tillman
Charles J. Tooker
Fernando Torres-Gil
Charlotte E. Tropp
Orrington W. Tubbs
Floyd E. Tumbleson
Molly Sturges Tuthill
Joe Gomez Uranga
Joseph Vasquez
Roy L. Walford
Sister Sheila Walsh
Gwendolyn W. Williams
Robert Wright
Angelina Yates
Donna L. Yee
Edward M. Young
Mary B. Young
Edward Zalta

Colorado

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Ernestine Brewer
Ethlyn Christensen
Emilio Dominquez
Marvin Ernst
William J. Hanna
Middy Haver
Wendell H. Marander
Betty L. McCummings
Janet Moore-Kirkland
Frances H. Moser
Mamie Agnes Pugel
Dennis Rezendes
Theodore D. Rice
Ethel T. Richardson
Robert Schaefer
Bernard Tessler
Claire Traylor
Frances N. Vallejo
Mary Warrender
Gene Hudson Zook

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Betty L. Bittner
Marie Carter
Madeline S. Croke
Miguel Escalera
Judith Bograd Gordon
Frederic T. Hawes
Benjamin Hendler
Marie L. Jaeger
Leonard Maier
Anthony F. Masso
Virginia H. Mathews
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Jeanne M. Osborne
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Edith G. Prague
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Lisl Standen
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Patsy Van Doren
Richard A. Woodruff

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Patsy Brown
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Certrude L. Lowell
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Burton Fretz
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Paul Hays
Robert B. Hill
Robert Holland
Lynn W. Illgen
Genevieve Johnson
Ruth E. Kobell
Richard Kolm
Inabel B. Lindsay
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Florence S. Mahoney
David H. Marlin
Raymond Mastalish
James D. McKevitt
Rufus W. McKinney
Mildred Moore
Rev. Jerry A. Moore, Jr.
Michael C. Nave
David L. Neideffer
Jack Ossofsky
George Pagonis
Marjorie H. Parker
Esther Peterson
Daniel Quirk
Rabbi Stanley Rabinowitz
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Nancy K. Schlossberg
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Polly Shackleton
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Jacqueline T. Sunderland
Juanita Thornton
Daniel Thursz
Fred A Von-Rembow
Stephanie L. Whyche
Dicsdado M. Yap
Betty L. Zeiger
Thelma C. Zwerdling

Florida

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Russell Baracat
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Dick J. Batchelor
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R. Ed Blackburn, Jr.
Celeste Boeras
Emanuel Borenstein
Fredric Buchholtz
Louis P. Bulkeley
Mildred Butler
Syd Captain
Al Cardenas
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J. Pomeroy Carter
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Guarione M. Diaz
Millie A. Drake
Corinne Duckworth
Margaret Lynn Duggar
Kathy Echevarria
Albert G. Eckian
Jessie Alma Edge
Ramona D. Edwards
Guy Forman
James L. Fortuna
Rabbi Seymour Friedman
Anna Gayle
William J. Geenen
Betty R. Gerritz
Bill Glynn
Roberto Godoy, Sr.
Goldie R. Goldstein
Tillie Greenstein
Robert P. Griffin
Phillip Edwin Hagerty
C. Colburn Hardy
Bessie Inez Harris
Vincent J. Haut
Arturo Hevia
Egon Hill
Florence M. Hunter
Joan Hunter
Margaret Jacks
Vern Jansen
Bluette Ashe Jenkins

Warren Jernigan
Bernard A. Jordon
Robert L. King
R. Earl Kipp
Melvin Louis Levitt
Raymond W. Lloyd
Benton S. Lowe
Leon N. MacDonald
Paul Manafort, Sr.
Carriemae G. Marquess
Ralph Marrinson
Edgardo Meneses
Mario Meneses
Garson Meyer
Judy F. Meyer
John Morton
Joseph E. Myers
Mary Jane Noble
Carter C. Osterbind
Robert L. Parry
Jean Jones Perdue
Eric Armin Pfeiffer
Joseph Pincus
Maria Louisa Purdom
Margaret S. Putman
Mae H. Radcliff
Miguel Recarey, Sr.
Harold Clark Riker
Robert W. Rousch
Deborah Sanderson
Morris Schiffman
Dorothy A. Schilly
Max Serchuk
Abraham I. Silverman
Ann E. Smith
Hal Spaet
Mary Ellen Stacey
John Stokesberry
Anita Teitelbaum
Samuel F. Townsend
Ida L. Wallace
Evelyn Watts
Joe Werner
J.B. White
Arnolta Williams
Mamie Evelyn Williams
David Zachem
Victor M. Zink

Georgia

Rev. Ralph D. Abernathy
Shirley Adcock
Elaine Hyers Auten
Lura E. Avret
Grace H. Barskdale
James A. Baswell
Troy A. Bledsoe
Henry J. C. Bowden
T. Brooks Brantley
Dorothy Brewer
John H. Calhoun
Mildred T. Callahan
Larose D. Coar
George H. Coker
Ruth H. Coleman
Thomas Cook, Jr.
Anne Marie Eaton
Helen M. Fortney
Cary Hall
Harry C. Hannah
Idelle L. Henson
Margaret C. Holliman
Gene Jinks
Jean Ruthledge Lawhon
Alice A. Lee
Eleanor P. Lee
David L. Levine
Benjamin E. Mays
Irene H. Medley
Maynard A. Mobley
James E. Montgomery
Vita R. Ostrander
Bernard H. Palay
Lucy Juneile Rhodes
Frances H. Rossman
Elliott M. Rountree
Kathleen E. Scruggs
Mrs. Louis Sikes
Thomas Wesley, Jr.
Clara W. West
Joe H. White
J. Frank Whitley
Virginia Zachert

Guam

Joaquin V. Manibusan
Pedro Diaz Perez
Florencio T. Ramirez

Hawaii

Laurence J. Capellas
Celia Moss Hailperin
Merle William Hawthorne
Rose Horner
Theodore D. Hussey
Lillian C. Ito
Shimeji Kanazawa
Ah Quon McElrath
Sharon Yuriko Moriwaki
James T. Okamura
Masaichi Tasaka
Tony A. Tomoso
Kenneth A. Wong

Idaho

Rose Bowman
Hattie A. Derr
Richard D. Gibler
Ella M. Hilverda
John Earl Mills
Yoshie Ochi
William F. Radke
Richard J. Sanders
Marilyn Stanger
Fern C. Trull
Ruth A. White

Illinois

Daniel Alvarez
Samuel L. Andelman
Richard Austin
Ollie Baker
Andy Batliner
Phil Bianco
Peg R. Blaser
Chester Bloden
Ken Blood
Virgil S. Boucher
James E. Bouldin
Harold E. Boysaw
Anna Marie Buchmann
Stanley C. Burek
Edward W. Cannady
Patricia Ann Carper
Mrs. Ted H. Cohn
John A. Davidson
Nettie Mae Dawson
Julianne Depinto
Vera Duncan
Rupert Evans
Hazel R. Findley
Robert A. Foley
Cassie Enda Folgate
Floyd Edward Galliher
Ella M. Gardner
Joseph L. Gidwitz
Idelle Goode
Mary M.P. Graber
Robert H. Griffiths
Robert K. Gustafson
Ernest E. Hanson
Margaret A. Hayes
Wilma L. Heathcock
Fred V. Hein
Mary J. Herrick
Marshall M. Holleb
Richard Hutson
Charles R. Jolicoeur
Bobbie J. Jones
Lou Jungheim
Helen L. Kates
Frances Brent Killey
Judge Michael Kinney
Mary Alma Koerner
Bertha C. Koger
Margaret L. Kraft
Regina Kulys
Edward LaSalle
Helena Z. Lopata
Linford A. Marquart
Finley McGrew
Lois D. McVicar
Regina M. Merritt
Sister Ellen Claire Miller
Curtis H. Moore
Lorraine S. Moss
June Murphy
Bernice L. Neugarten
Josephine K. Oblinger
Robert J. O'Connor
Masako M. Osako
Margaret Person
Phyllis Pinkerton
Lillian Pitschmann
Mary Margaret Ragusa
June Dunn Ransom
Caroline L. Redebaugh
Lucille T. Robinson
Walter Robinson
Alvin Joseph Roffman
James V. Root
Ruth S. Scrivner
Robert J. Sell
Ethel Shanas
Theodore R. Sherrod
Henrietta Silkey
F.M. Sims
Marjan Peter Staniec
Louise M. Stanley
Myrtle E. Stanton
Lois Stevenson
Michael L. Strader
Patricia L. Taylor
Rosemary Thomson
Michael G. Tomeczko
Ruth L. Toomey
William James Tullar
Mary I. Turcol
Eugen M. Verdu
Rev. William S. Warford
Ronald Weismehl
Granger Westberg
Harold Whiteside
Linda P. Wing
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Eleanor M. Wooten

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Desiree Mittelstadet
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Frances Campbell
Josef Norman Fogel
Nancy R. Johnson
Sister Irene Maynard
Robert W. McCreanor
Mary Crowley Mulvey
Leo Pocchiari
Anna M. Prior
Anna M. Tucker

South Carolina

Constance D. Armitage
M. Lee Blackburn
Dill B. Blackwell
Dorothy M. Blackwell
Gene Boyle Brading
Helen D. Brawley
Nellie-Claire Brown
Harry R. Bryan
Rev. Percy C. Carter
Arthur John Clement, Jr.
June Durham
Harold G. Dye
Eugenia H. Evans
Ernest A. Finney
Leroy Fyall
Louise Helms
Catherine Johnson
Queen E. Johnson
Robert A. Kohn
Thomas M. Marchant, III
Erminie M. Nave
Jody Newman
Phyllis G. Pellarin
Birdie T. Pompey
Rebecca Price
Helen Edwards Propst
Pansy Ridgeway
William M. Rogers
Edward Watson Rushton
Sue L. Scally
Clyde Shirley
Vashti Smith

South Dakota

Carole Boos
Harold Gray
Peg Lamont
Esther Naessig
Oscar A. Oksol
Shirley Mae Overland
Harold Shunk
Flavia Throm
Mildred White Walker
Ruth Williams

Tennessee

Ellen Ballew
Lisa C. Barnes
Medford P. Bowman
David Brodsky
Raymond H. Brown
Ruth Butler Bryant
Azilee Canfield
Charlene W. Collier
William R. Douglas
Harry C. Francke
Mary Gardner Gardenhire
L.O. Gillespie
Paul D. Goddard
W. Lloyd Graunke
Sarah Moore Greene
Tom G. Henry
Peggy Ann Houston
Lois T. Jackson
Etta R. Johnson-Garner
Vivian Kennon
Paul W. McBath
Miller McDonald
Grady V. Odem
Mrs. Clint Pickens
Rabbi Zalman Posner
Geneva Price
Jerome Ryans, Sr.
Naomi L. Steffey
Lucille Thornburgh
Betty Jo Walker
Georgia H. Welch
Georgia Kelly Wisdom
Emily Wiseman
Nell H. Wright

Texas

Clarence P. Ackles
Edward O. Acrey
Adele S. Adams
Shelma H. Ahrens
J. Marcus Anderson
Juan Armendariz
Robert Herman Augustinus
Virgil E. Blakney
Victoria Bowie
Floyd C. Burnett
Ray Van Buskirk
Vertis Frank Butaud
Donnie Carriker
Vincent A. Carrozza
Connie A. Castillo
J.B. Clements
Tim Cobb
Onie B. Conley
Gary R. Cook
Ethel Cooksey
William Cooper
Dominga Coronado
Dorothy Davison
Raul De Los Santos
Ben E. Dickerson
W.J. Dickinson
William Donnell
Rose Duvall
Don Emerson
John Fonteno
Hiram Friedsam
Charles Gaitz
E.L. Galyean
Consuelo L. Garcia
Robert Gibbons
Willie Lee Glass
Harriet Griffin
John Lyle Hamner
Suzanne Harris
Wadella Heath
M. Joe Helms
Lenora Hernandez
Mable Hernandez
Barbara Gail House
Noe P. Jimenez
Dan Jones
Fleta Jones
Grace Carter Keeling
George King
Chris Kyker
Carlos G. Leon
Thomas C. Letts
Luz Marie Loya
Jo Ann Luckie
James L. MacKay
David Maldonado, Jr.
Robert Martin
Gayle McComb
Georgia McKinney
Norman Moorehead
Gladys W. Neu
Lucinda Oaxaca
Elizabeth Olhausen
Elma G. Ortiz
Ed Palm
George A. Parker
Ernestine T. Patrick
Isaac V. Perez
Angela Prieto
Juanita H. Quinteros
Maxine N. Regnier
Jessie Terrel Rice
Christine Richardson
Pete Rios
James Roberts
Jack Robertson
Connie P. Rose
Gordon Rose
Gloria G. Saca
Houston Schweitzer
Herbert H. Shore
Bert Kruger Smith
Mrs. M.J. Snell
Jean Sommerfield
Nora Gray Springfield
Grady St. Clair
Georgia I. Taylor
Frank E. Torres
Brownie Trevino
Estella Trevino
Betty S. Turner
Dorothy M. Vanderslice
L.G. Bill Vawter
Irene Vidaurri
Stanford D. Ward
Rosella H. Werlin
Nora Lee Wilmer
Jamye Winters
Lester L. Womack

Trust Territory of Pacific Islands

Nick Andon
Anien Atlan
Augustine H. Moses
Augusta N. Ramarui

Utah

Jerry Hamilton Borup
Urcy Belle Demings
Daniel Tapia Gallego
Eldon T. Gray
Martin Dennis Higbee
Victor Kassel
Josephine M. Kasteler
Florence Leonard

Shauna O'Neil
Carol A. Payne
F. Leon PoVey
Carl Saunders
Robert H. Teichert
Annis B. Tribe

Vermont

Judith W. Caldwell
Florence M. Coutant
Barbara Cummings
Faire Edwards
Clifford Burr Harwood
Ildiko Heffernan
Jerry Kirk
Melvin Mandigo
Oscar Peterson
Mary Ellen S. Spencer
William A. Tisdale
Esther Jane Urie
Susan Webb
Viva A. Whitney
Margaret B. Whittlesey

Virgin Islands

Elena L. Christian
Myrtle E. Edwards
Melvin Evans
Huldah A. Joseph

Virginia

Robert Alderman
Johnson Alderson
Virginia Allan
James Roy Alphin
Mike Balzano
Eugene A. Banks
Claudio Benedi
Carl Bieber
Bert Bobbit
Hazel L. Bowen
J. Robert Brouse
Paula P. Brownlee
Jewel S. Carrington
Chai Chang Choi
Ana Colomar
Mary Ellen Cox
Carl Croasdale
Homer W. Cunningham
Sidney Robert Davis
Ray Dotson
Jacqueline D. Driver
William M. Eagles
Laura Hurt Elmore
Wilda M. Ferguson
Arthur S. Flemming
Vera C. Foster
Charles Garber
Max Graber
Julia Hamblet
Laura Jane Harper
Jimmy Helms
Sam Houston
William L. Howse, III
Don Huffman
Hunter Hurst
Jessie H. Key
Kenneth Lee Kramer
Hyman L. Krieger
Carl A. Larson
Edith W. Latham
Lunsford L. Loving
Thurman W. Manning
Joanne McMurray
Alfred Mistr
Nicholas A. Panuzio
Ruth Peters
John Proctor
Betty J. Reams
Sterling Reeves
H. Lawrence Rice
Hazel J. Royal
Andrew E. Ruddock
Morris G. Sahr
John Scherzer
Robert L. Schneider
Maude Lester Smith
Francis J. Speh
Barbara M. Thomas
Johnnye J. Thompson
Michael A. Toht
Mary Tovar
T. Preston Turner
Agamemnon Vassos
Geraldine Walker
Luis Warf
Oma S. Williams
Walter Williams

Washington

Gustav M. Bacharach
June Biggar
Muriel J. Brigham
L. Irene Carlson
Rena A. Cave
Warren Downing
Eleanor Fortson
Moses George
Lillian M. Gideon
John Giese
Ethel Mae Gross
William E. Gurney
Maria C. Hernandez-Peck
Ralph D. Hubbard
Evelyn M. Hylton
Laurie M. Jensen
Louise M. Kamikawa
Merriam E. Lathrop
Mabel Lewellen
Ensley M. Llewellyn
Catherine A. May
William H. Murdoch
Kenneth Nazer
Ruth N. Nichols
Margaret A. Ohlson
Delbert L. Olney
Helen P. Rasmussen
Charles E. Reed
George Telisman

West Virginia

Ivan Asay
Bea R. Burgess
Richard O. Comfort
Jim Comstock
Janet H. Frazier
Kathy Rymer Garrett
Kathleen Huffman
Greta A. Karickhoff
Emma Calloway Robinson
Robert Ross
Hugh M. Shafer
James Buhl Shahan
Harold Denver Slaughter
Mrs. Alexander Stout
Woodrow Taylor
Philip Turner
Halmar Washington
Charles Wellings
Jacqueline E. Yeager

Wisconsin

Byford Baker
Oranda C. Bangsberg
Katharine Carroll
Marcella I. Chase
Ruth K. Coley
Evelyn R. Ecker
Floyd Finley
E. Donald Fitzsimmons
Marlys S. Griffiths
William O. Hart
H. Conrad Hoyt
Marvin H. Keil
Agnes Klabunde
Amelia Koski
Ione Kreamer
Blossom Maiden
Dolores Miller
Harold Miller
Douglas W. Nelson
Thadis Patterson
Mildred Perry
Gilbert L. Raabe
Elmer Charles Sill
Woodrow Smith
Patricia Stade
Hazel C. Stover
Ruth Ann Strozinsky
Earl Sumner
Milo K. Swanton
James Thurman Sykes
Max Taglin
Mildred Trujillo
Gladys R. Voegtli
Grace Walsh
Joe E. Wissing

Wyoming

Hiram Beaver
Douglas K. Bryant
Mark Cox
Clyde Daniels
Russell I. Hammond
Albert L. Kongable
Catherine W. Littler
Jerralee A. Lyman
Marie S. Murray
Leta M. Nelson
Stanley H. Torvik
Helen B. Ziegler

Appendix H

OBSERVERS
1981 WHITE HOUSE CONFERENCE ON AGING

Alabama

William Acker
Sylvia Alexander
John E. Amari
Barbara Bonfield
Dorothy Burns
Linda Chalkley
Elliott Conway, Sr.
Pauline H. Frambach
Agnes R. Mills
Charles S. Prigmore
Martha Pszyk
Mary Lou Rasco
M.F. Robinson
Karyn Sue Smith
Shirley Totty
Edith Upchurch
Emmanuel Vassilakis

Alaska

Howard L. Devore
Pearl K. Goodhope
Solomon Guthrie
Victor Haldane
Robert C. Kallenberg
Charles Nelson
W. Jeanne Scholz
John W. Thomas

American Samoa

Keniseli Moeon Kuaoio

Arizona

Alice R. Drought
Gloria Dulgov
Clara Emmett
Abia W. Judd
Murray Kassan
Louis J. Kettel
David Lavine
David R. Martin
Joe Montoya
Dorothy Powell
Mike Slattery
Daniel Robert Tree

Arkansas

Elijah Coleman
Bean Hudson
Randall McCain
M.D. Middleton
Robert A. Poindexter
Jack F. Robinson
Herb Sanderson
Vada Sheid
Gay White
Norma Jean Wisor
Azile H. Wrape

California

Ben Abramovice
Salud T. Acosta
Edmund Adcock
John F. Allard
Agatha A. Anderson
John D. Andes
Wilfred S. Armstrong
Josephine Arquilez
Ernest Chuck Ayala
Sallie R. Banks
Minerva J. Bertholf
Patricia L. Black
Majorie Borchardt
Bernice Bratter
Steven W. Brummel
Eldos Cable
Reynaldo Carreon
Howard F. Clark
Mary Lou Clark
Cora Cocks
Theresa Cordova-Tarr
Rabbi Shlomo Cunin
Viola M. De Groot
Rollin Deas
Maurice Deigh
Margaret B. Douglas
Lynne Farrell
Emily B. Fine
Thurman C. Fletcher
Geneva E. Foucher
Mary Giacomelli
Katheryn Gilliam
Lorna Giulieri
William Hale
Leon Harper
Leonard Hayflick
Richard John Hebbel
Irene Hecton
John Hector
Boyd Hendrickson
Hope Hill
Kingdon Hirsch
Lu Hodges
Mrs. Lu Hodges
Elizabeth Irwin
John A. Johnston
Mercia Leton Kahn
Phillip D. Kimble
Scotty Kludt
Jean Kramer
Louis Labat
William F. Landis
Deanna Lea
Ernest Lent
Jack B. McKay
James E. McKenna
Dorothy McLaren
Margaret Mealey
Ethelyn Mehren
Ed Mills
Gilbert V. Mosqueda
Jean Nalibow
Joan Newberg
Navella Nicholson
Alex Norman
Felix Peralta
Jon Pynoos
Aida M. Ramirez
Lyle G. Reynolds
Jacqueline Ridley
Gertrude Roberts
Patricia Rostker
Rosa M. Rovira
Arthur Schroeder
Laing Sibbet
Dallas E. Sidlo
Barbara Wagner Sklar
Charles W. Skoien, Jr.
George L. Smith
Rose Maurer Somerville
Lucy R. Still
Rachel Stone
Lou Svoboda
Mary Jane Thomas
Kendal Thurston
Ronnie Tipton
Nancy Walton-Fricke
Margaret Ann Watson
Ruth B. Weg
Phillip G. Weiler
Mabelle Wells
Carol Wendland
Lillian Wurzel
Roberta M. Yee
Josephine Yelder

Colorado

Signey V. Bingham, Jr.
Benjamin Bisset
Ella Cooper
Louise L. Dalton
Manuel A. Esquibel
Annetta Frost
Audrey L. Healey
Donna J. Hommel
Robert D. Hubbard
Ezequiel D. Jaramillo
Sherry Leach
Broun Mayall
Bonnie B. Olson
Macrina Schuller
Linda Siderius

Connecticut

Robert D. Allred
David R. Bailey
Bruce Crowther
Mary Elizabeth Deliee, Sr.
Max Doverman
G. Randolph Erskine
Tova D. Friedler
Osa Jackson
Sarah Keleher
Mary J. Lee
Blanche McCarthy
Elaine R. Price
Minnie Rosenbluh

Delaware

Allen Layton Brinkley
Martha Evans
Jane Maroney
Jeffrey Quinzer
Irene G. Roles
Norma J. Shaw
Mary L. Washington
Joseph G. Zieber

District of Columbia

Bro. Joseph Berg
Barbara Bey
Donna C. Blair
Helen Bosserman
James G. Bourie
Mary Burner
William T. Coleman
Winifred E. Coleman
Msgr. Lawrence J. Corcoran
Nelson Cruikshank
Lu Corbett Daly
James G. Davis
Annette Dickenson
William H. Dodds
Bruce Merlin Fried
Dorothy Glaser
Jack Goldberg
Phil Guarino
Ruth B. Haugen
Brin D. Hawkins
William D. Hickman
Gloria Hope
Edward F. Howard
Diane Justice
Juanda Kirk
Hugh D. Layden
Charlotte Mahoney
Jacqueline Maio
Joseph M. McCarthy
Larry McNickle
M. Kenneth Oboz, Sr.
Kathleen O'Malley
Ernest E. Post
William Regelson
Elizabeth Riddler
Mike Romig
Thelma Rutherford
Gottlieb C. Simon
Howard E. Stone
Manuel Sucarino
Ed Van Vlaandereren
Ruth Webster
Joy Johnson Wilson
Bob Worley

Florida

Eugene R. Amyx
Daniel S. Bedell
Helen J. Blue
Dianne Avery Brown
Sol H. Brown
P. Jack Carroll

Rev. Hugh B. Carter, Jr.
Eva T. Davis
Mary Ellen Early
Sylvia Escude
William J. Ferrell
Ann Gillingham
Norman Goldstein
Adele Graham
Julia Greene
Pat Grise
Ann J. Grove
William A. Hartman
Fred Hirt
Ruth Hoffmeister
John Hopkins, Sr.
David Liebman
Aaron Lipman
Ruth R. Lovejoy
A.E. Marple
Wilmer McAllister
John M. McRae
Felix Miga
Rev. George L. Miller
Hector Mont
Cora F. Morse
Tom Nicholson
Evelyn J. Ostrow
Rebecca Neal Owens
Mary K. Quirk
Candy Rechtschaffer
Robert P. Renfrow
Jean Rubin
Elizabeth T. Sauer
Stanley Shapiro
Carl J. Shipley
Vernon Smith
Eva Marion Spade
Dr. G.B. Tamburello
Anita Tassinari
Morton I. Teicher
Karen Torgeson
Judy Travis
Jacqueline M. Walsh
Geraldine P. West
George Wolpert

Georgia

Hazel Holley Belew
Benemma Jo Bentley
Clara K. Brown
Henry E. Bryant
Barbara S. Clankscales
Julianne Cohn
William R. Crittenden
Maroin K. Fears
Emily F. Harper
James A. Hazelton
Kay Huston Hind
Floreine H. Hudson
Geneva C. Jarrett
Alice P. Latham
Nannie L. McCormick
Annette McNaron
Charles Minors
Rosa Rittenberry
Cheryll Schramm
Cecilia T. Smith
Annette J. Stewart
Duane Tomlin
Marguerite Woodruff

Guam

Rita Arlene Santos
Tomas R. Santos

Hawaii

Renji Goto
Elenor J. Lloyd
Sue E. Reid
Sylvia Yuen Schwitters
William T. Takaba
Takashi Yamashita

Idaho

Bertha English
Wil E. Overgeard
Ethel Tuman

Illinois

Beverly J. Aaltonen
Premo Baracani
Rev. Ellsworth L. Barclay
Murray Berg
Frank G. Blumb
Lois M. Bodeen
Viola M. Brault
Joan B. Brinegar
Marcia Kay Busby
A.L. Camacho
Viola Carlson
Donna M. Caton
Laura M. Connell
Charlene Coon
Richard Crabb
Suzanne Crandall
Lovelyn J. Evans
Edward H. Fresen
Leonard Fuchs
Glenna Garnes
Gwen Grams
Mary Alice Henry
Harold Hopkins
Charles H. Houk
Frances M. Jachino
Richard Kavanagh
Fred R. Knee
Claudia Kramer
Louise C. Kreutzer
Dean R. LaFrentz
Lois L. Lee
Jean D. Morrow
Albert J. Neely
Anita Perlman
Michael B. Phelps
John W. Pullen
Harriet R. Rariden
George H. Ryan
Anthony F. Schaudenecker
Trudy Schneiter
Karl A. Schwebke
Edna I. Shadrick
Patricia J. Sheridan
Nancy C. Silvers
Linda Sue Skurla
Inese Stokes
Margaret L. Summers
Charlean Talbert
D. Jeanne Tippett
Jeanne Vermillion
Gary C. Whitworth
June Wrona

Indiana

Mildred Mary Ballman
Carol J. Barngrover
Mary Bates
Ruth Battle
Hylda M. Burton
Donald F. Clingan
Robert M. Coatie
Patricia Cook
Lewis J. Gregory
Mildred Harrison
Grover L. Hartman
Susan H. Ingle
Dorothy B. Keller
Chester Little
George T. Lukemeyer
Willard L. Mays
R. Wyatt Mick, Jr.
James A. Murphy
Anita W. Showalter
Thomas G. Strawn
Margaret A. Weller
Charley Whisman
Barbara Ann Zeller, Sr.

Iowa

Penny K. Davidsen
Donald R. Emanuel
Vennetta M. Fiedler
Margaret L. Hemphill
Raymond Hueholt
Nona R. Johnson
Edward W. Kozelka
Gracie R. Larsen
Martha A. Nash
Edward A. Powers
Russell D. Proffitt
Blanche C. Stafford
Helen Tack
Beulah E. Webb

Kansas

Jo Androes
Bea G. Bacon
Carol L. Ballentine
Janice J. Bergman
Anne Petey Cerf
Charlotte L. Edelman
Cordelia S. Emmett
James Francisco
Mildred E. Harkness
Irene Hart
Irmagene N. Holloway
Florence M. Johnson
Eloise Leverenz
Hattie Norman

Kentucky

Nelda Barnett
Jeanette M. Cawood
Dorothy C. Chrisman
Frank S. Clark
Effie Creamer
Donald H. Hoffman
Robert Jackson
Fred Mitchell
Peggy Mooney
Sue A. Newell
Elizabeth N. Sisk
Donna K. Smith
Suzanne Turner

Louisiana

Sandra C. Adams
Joyce E. Baggett
Ben Freedman
George M. Gates
Clayton A. Graves
Elizabeth T. Harris
Marion C. Henderson
Sydney Jacobs
Eddie D. Jones
W. Dee Kelley
Ruth L. Lary
Jane C. Monk
Myrtle B. Pickering
Mildred L. Reese

Maine

David Brenerman
Stephen Farnham
Elenora D. Favre
Andres L. Fennelly
James Spencer Fletcher
Mrs. Mickey T. Friedman
Virginia Norman
Donald Murray Simpson

Maryland

Rene Anders
Edmund G. Beacham
Stella M. Benesch
Mrs. Julian Chisolm
Rodney Crowther
Marilyn Goldwater
Thomas D. Hinton
Victoria H. Jaycox
Constantine R. Jurgela
Alexander W. Kramer
Peter P. Lamy
Monica Lee Mason
Dorothy McCord
Albert Pimental
Emilio Perche Rivas
Connie Romanello
Joseph L. Schield
Dorothy A. Shannon
Lois B. Shephard
Paul L. Shepherd
Radi Slavoff
Marcella D. Spigelmire
Gladys M. Sprinkle
Edna Stilwell
Rose Sullivan
Selma Sweetbaum
Patricia Throne
Harry F. Walker
Michael Winpisinger
Emil Zseleczky

Massachusetts

Msgr. Joe Battista
Catherine L. Blodgett
Laurence G. Branch
Barbara Brilliant
Harold F. Brochu
Rev. Helmuth C. Buchmueller
John Edward Burke
Martha E. Bustin
Edward W. Campion
James R. Cannon
Lillian V. Cella
Marguerite B. Coffey
Clare B. Corbett
Terence Curley
Sr. Eileen Driscoll
Ruth M. Fitzgerald
Arthur Gold
Ruth A. Hanham
Roger B. Hickler
Audrey E. Kuhn
Rose MacKenzie
K. Phyllis Mahoney
Modest S. Mele
Madeline H. Miceli
Clement A. O'Brien
Frances Olrich
Bernard D. O'Neill
Joseph Paul
Raymond Dusty Suprenant
Terrie Wetle
Rosalie S. Wolf

Michigan

Edward M. Allardice
Don Bentsen
Jan Bocskay
Jackie Borden
Tess Canja
Shirley Clancy
Joanne Cohen
Gertrude A. Cross
Virginia L. Crowthers
Robert Dolsen
Marie D. Guyton
Peggy Hinchey
David Hollister
Judith Hollister
Woodrow Hunter
J. Henry Irwin
Mary Klein
Kathryn S. Kumkoski
Lois Lamont
Joseph Larosa
Sr. Mary Martinen
Laurie McCartney
Robert Murray
Eleanor Olsen
Julius F. Otten
Jane Oyer
John Eric Peterson
Ann Pratt
Sandy Raminga
Elaine Frost Reed
Mary O. Ross
Sr. Augusta Stratz
Janice Tribble
Laura Whidby
John J. White
David Young

Minnesota

Paul Harold Anderson
Peter Wayne Falkman
Rabbi Moshe Feller
Richard A. Flesher
Vivian E. Harney
Herbert O. Johnson
Frank C. Jungas
Abraham Dutch Kastenbaum
Beatrice M. Kersten
Raye S. Kreevoy
Ferne E. Lundy
Irma L. Peterson
Joseph W. Skovholt
Gordan Oscar Solomonson
Mary Ann Stafford
Karen Ann Struve
Wendell M. Swenson
Elva D. Walker
Rabbi Joseph W. Wiesenberg

Mississippi

Otto H. Coleman
Constance S. Harvey
Sylvia G. Jackson
Robert James Jamison
Alfred E. Johnson
Jane Kennedy
John Walton Lovitt
Barbara H. McDonald
Jay Charles Moon
Laura Whitehead

Missouri

Jean G. Bacon
Paul Barks
Betty Baron
Morton A. Binder
Winston W. Bledsoe
Marian G. Cairns
Jess L. Cortese
Luther Gruenbaum
Sr. Donna Gunn
John Isbell
Marjorie A. Jackson
Jean Leonatti
Gladys Marriott
Margaret Miller
Walter R. Miller
Patricia A. O'Toole
Stanley S. Peterson
Floyd Richards
Bruce Allen Russell
Warren B. Scott
Leonard Wyrick Westphal

Montana

Gary Addington
Dorothy E. Eck
Gerry E. Halstead
Polly O. Nikolaisen
Joseph Red Thunder
Anna Pearl Sherrick

Navajo Nation

Jane B. Grey (AZ.)

Nebraska

J. Kenton Fancolly
Timothy Juilfs
Mary T. Mannix
Merlyn McLaughlin
Edwin R. Miller
Delbert L. Neimeier
Falvey Charles Powell
Jerry Ryan

Nevada

Syble C. Askenette
Ruth Lee Cooper
Pat Dillingham
Cornelius H. Hammill
Neil Ruit
Florence S. Schroeder

New Hampshire

Earl M. Bourdon
Elizabeth K. Lincoln
Margaret L. McGlynn
Eugene E. Tillock
Jane M. Walter
M. Pauline Watson

New Jersey

Joseph A. Aragona
Helen D. Clancy
Robert N. Danskin
Edward L. Donohue
Septimus Douglas
Dale L. Finch
Evelyn Frank
John W. Gilbert, Sr.
Thomas E. Hamilton
Mary H. Housel
Ethel Kahn
Abraham Kaplan
David Keiserman
Sylvia F. Kleinman
Harry Kosansky
Victoria Leovin
Helen P. Lindsay
Catherine Linsalata
Margaret C. Mendoza
Rose Movitch
Jacob David Perzley
Amy R. Piro
Bonitas E. Primas
Carmen Puigdollers
Ruth Reader
William J. Ryan
Anne B. Schneider
Sandra E. Schneier
Adrienne Schwartz
Peter M. Shields
Constance G. Undy
Norman Van Houten
Rev. Robert Vitillo
Samuel Warrence
Susie Waxwood
Carl F. West

New Mexico

Anne Morrow Cook
George Ellis
Joe B. Garcia
Lowell B. Panteah
Edyth Pierson
Dolores M. Portillo

New York

William Arnone
Alice M. Arutunjan
Diana Aviv
Walter M. Beattie, Jr.
Ida Benderson
Ruth Bennett
Bernice Bernstein
Gloria P. Beutner
Albert E. Blumberg
Marjorie H. Cantor
Florence Carpenter
Mae Carpenter
Vito J. Caruso
James Cashen
Axilda M. Chadwick
Rita Chinnery
Robert D'Andrea
William Demann
Joseph A. Denig
Lydia Diaz
Rose Dobrof
Ethel Drayton
Saul J. Farber
Florian M. Galdan
Arthur Garson
David Glaser
Genevieve Glennon
Dorothy J. Gray
James V. Hallinsey
Louis Harris
Mary A. Heffernan
Mary Ellen Henry
James T. Hepinstall
Rev. Thomas Hoctor
Ann Dep Holderness
Jerome J. Jacobson
Sidney E. Jones
Robert Keane
Kevin Kelly
Maurice C. Kelly
Vincent E. Landi
Anthony Lechich
Paul Leith
Rosario Leon
Robert E. Link
Rev. Robert V. Lott
Muriel Lurie
Leora Magier
Neil McCluskey
Joseph P. McGrath
Abraham Monk
Bruce Muller
Robert F. O'Connell
Sr. M. Juliana O'Hara
Lydia Ortiz-Weiss
Jan Peters
Herbert Pettengill
Mary Phillips

Lourene Pierce
Craig Polhemus
George G. Reader
Carmen Rodriguez
Rosalie Rosenberger
James Rua
Beatrice Rubenstein
Ricki Rubenstein
Ruperto Ruiz
Jack Russell
Jayne Rycheck
Daniel Sambol
Corey Sandler
Shura Saul
Valerie Sluszka
Ellsworth G. Stanton, III
JohnSullivan
David Swingler
Marie N. Tarver
Lynn Tepper
Gladys Therrien
Anna Marie Thom
Cedric Tilberg
Alfred G. Tottey
Hilda M. Van Slyke
Mary E. Verner
Raymond Vickers
Mitchell M. Waife
Earl Webber
Beverly Westacott
Sarah Wiener
Clifford E. Wilson
John Wren
Judith Yurman

North Carolina

Paul Beck
Ruth Fitch Boone
Marion Woods Boyd
K. Isabelle Buckley
Andrew W. Dobelstein
Manie T. Geer
J. Conrad Glass, Jr.
Oressa H. Hauser
Joan Hight
Nell Hirschberg
Bertha Merrill Holt
Margaret R. Keller
Al A. Mendlovitz
Beverly Smith Patnaik
Jane Reavis Purser
Sandra R. Ray
Margaret Riddle
Joan C. Rogers
James C. Romeis
Nina Kennedy Starr
John Thomas Tanner
Ted W. Williams

North Dakota

Gladys M. Black
Lauren Haacke
Oscar H. Lee

Northern Mariana Islands

Ignacio M. Sablan

Ohio

Robert Ashton
Jessie Z. Bartlett
Sandra F. Berger
Charles E. Blakeslee
William R. Bogart
George Brown
Clara A. Clark
Gerald N. Cohn
Alice R. Curtis
Leona W. Farris
Elizabeth Fory
Alfonso D. Holman
Charles E. Hopkins
Mary Houston
Cora Johnson
Eleanor M. Kahle
Helen E. Landry
Emily Laster
Pearl J. Laushell
John O. Leitz
Elizabeth M. Liptak
Glennys March
Frank R. McCaffrey
William R. McFadden
Arnold Meckstroth
Bernard J. Mick
Robert Miller
Lillian M. Montgomery
Albert A. Neideck
Georgia Allen Newsome
Paul Oblak
Ken W. Palmer
Ralph Perk
Jane M. Pohlman
Marian F. Sacco
Grace B. Saunders
Vera Victoria Saunders
Mildred M. Seltzer
Jean J. Spung
Helena A. Steele
Elvin W. Swander
Marie A. Trout
Joseph S. Voss
Lois T. Wakefield
Maerea Walker
Elam G. Wiest
Rebecca Woodruff

Oklahoma

Cecelia V. Blanchard
Bernest Cain, Jr.
Marie C. Cox
Betty L. Defriend
Rev. Max E. Glenn
Dr. Elsie Hamm
Lou Kerr
Jackie Louthan
Don McCorkell
Charlotte J. New
Lu Patrick
Donna Stahl
Boyd G. Talley
L. J. Vanhorn
A. Kurt Weiss

Oregon

Brad Bayliss
Warren Chung
Ruth O. Currie
Donald B. Higgins
Sandra Janzen Karsten
Paul Loeber
William McCoy
Alvin Richard Nies
Maxine D. Nightingale
Rev. Peter H. Paulson
Miller Ritchie
Loretta Hawes Smith

Pennsylvania

Anne Anstien
Myrtle D. Axtell
Sophia M. Balawejder
Harry E. Bell
Mabel R. Blaney
W. H. Fred Blank
George Bloom
Louise D. Bream
I. Lloyd Brookmyer
Orville R. Carver
Beulah F. Chandler
Yung-Ping Chen
Margaret K. Conway
William P. Coombs
Blanch Craig
Maureen M. Delo
Ruth Earp
William E. Evans
Jared I. Falek
Martha A. Fenchak
Jacquelyn Fisher
Joan K. Glickstein
Lillian Goldstein
Julia Green
Patrick M. Greene
Julian Leon Greifer
Aida Guardida
Ron Guss
Edward F. Haile
J. Russell Hale
Diane E. Hoffman
Elizabeth D. Hollabaugh
Sara Hunsberger
Frank Jakes
Julianne James
R. Brandon James
Jean Kistler
Alice S. Kountz
Sr. Joan Kram
Edith B. Krohn
Mildred E. Kroupa
Margaret Lattimer
A. S. Lawson
Mamie H. Lee
Carole A. Ling
Ann Lose
Genevieve C. Murray
Patricia Nandor
Sandra S. Orlin
Hoshang D. Pavri
Raymond Pearlstine
Edward Piszek
Edythe M. Roth
Patricia W. Savage
Shirley E. Scott
Maxine T. Segal
Vergie M. Shadd
Ray L. Shive
Glenn L. Sitzman
Robert F. Smith
Louisa C. Spindler
Wayne Stevenson
Walter L. Sunderlin
Morton Ward
Herman M. Wessel
Mildred Wicks
Rose Wright
Lorey Zanotti

Puerto Rico

Heriberto Colon
Blanca C. Cruz
Juan M. Monserrante
Jose Ramirez
Elena Rivera

Rhode Island

John Taylor Frary
Shirley K. Kervick
Henri W. Lopes
Francis X. Snee
Donald Spence
Charles Swartz
Theresa Trifari

American Samoa

Tali Maae

South Carolina

Thomas E. Brown, Jr.
George M. Dick
Elizabeth W. Ellis
J. W. Lawrence
Suzanne P. Lewis
Arthur H. McQueen
Mrs. Willie Saleeby
Arthur M. Sandberg
Hunter Rhoad Stokes
Samuel Thomas Waldrep
Carrie C. Washington
Alleen S. Wood

South Dakota

Edna Howe
Helen Jones
Arthur Maltheson
Louween Schoenhard
Marjorie F. Sougstad

Tennessee

Bland Wilson Cannon
Peggy K. Chaffin
Lena M. Craig
William B. Falls, Jr.
Diana K. Harris
Rhoda Cates Hyder
Ludell N. Kennedy
Wayne Lindecker
D. Roger Ochse
Robert D. Patton
Nancy C. Peace
Arthur Robinson

Clarence B. Robinson
Gene Scandlyn
George Tillman Stewart

Texas

Frank Adamo
Edwin F. Ahrens
Claude I. Andrews
Virginia Ann Atkinson
Richard E. Block
George A. Bray
Chet Brooks
John Bruni
Betty Button
J. C. Cabaniss
Marion T. Carson
B. A. Cherney
Wilbur Cohen
Patti Coleman
Sue F. Craig
Martha S. Creed
Leo A. Dumas
Seymour Eisenberg
William J. Foran
Christina R. Frias
E. Marie Gilbert
Janis Gray
Alex Guerra
Ida Mae Hebert
Leslie C. John, Jr.
Jack D. Knighton
Zoe Lawrence
Novella W. Lumbert
Lynn McGuirt
Dorothy McLean
Mike McQueen
Alejandro Moreno
Annie B. Nickleberry
Aurora S. Perez
Edwin E. Plowman
Cheri Quincy
James T. Simpson
Ernestine Sisk
Paul M. Smith
George Thompson
David H. Turner
Ramiro A. Uribe
John T. Weatherall
Roy E. Westerfield
Minnie R. Williams

Utah

Val B. Jennings
Alice J. Johnson
William G. Larson
Louise P. Lintz
Robert K. Ward
Ruth R. Yarbrough

Vermont

Helen Chap
Geoffrey Gaddis
Joseph Howrigan
Allis Beaumont Reid
Phyllis G. Robinson
Holland L. Smith

Virgin Islands

Elaine Sprauve

Virginia

Gregory W. Arling
Evelyn P. Blackwood
Rita Kathleen Chow
Wallace Clair
Daniel Lee Dehass
Macon F. Fears
Pearl B. Fears
Susan Finn
Mayetta Lewis Ford
Dorothy H. Hall
Ruth B. Hudgins
James Harold Hughes
Zenia M. Knebel
Gina F. Lewis
Richard W. Lindsay
Eugene A. Lovelace
Mary Marshall
Constance R. McAdam
Catherine O. Miller
John F. Newhard
Jay Niemczyk
Marilyn Carter Pace
John H. Parsons
Edna King Paylor
Thelma R. Petrilak
Donald F. Reilly
Donald W. Stone
Joseph Michael Teefey
Margo Turnage

Washington

Marjorie L. Downing
Thelma E. Fanning
Jean S. Fuller
Marie George
Alan Ham
Arthur H. Hosick
Ben E. Johnston, Jr.
Esther R. Karafin
Arnold Livingston
Sadie T. Long
William Ralph Moyer
Elinor Nuxoll
Richard D. Petersen
Elizabeth Roberts
Joyce P. Scott
Raymond H. Scott
Jane K. Smith
Maibelle R. Streck

West Virginia

Elizabeth M. Cadden
Vincent V. Chaney
Lawrence Frankel
Leon H. Ginsberg
Teri Ann Hazelbaker
Stanley Shane
Katherine B. Tierney

Wisconsin

Bernice E. Barta
Mimi Chernov
Margaret Dosch
Shirley Ellis
Phillip M. Green
Anita Hankwitz
Lori Kay
Margaret Lewis
Joyce Lowry
Donna McDowell
R.L. McNeely
Tom Miklejohn
Edward J. Olson
Isabelle Polacheck
Herbert Rather
Charles F. Reott, Jr.
Claudine Stohowiak
Larry Thomas
Mary Williams
Louise Yaffe
Mildred Zimmermann

Wyoming

Gerald D. Bardo
Mildred M. Gillitzer
Fara R. Green
Matilda Hansen
Paul E. Nottage
Jerome P. Teixeira

Appendix I

INTERNATIONAL OBSERVERS

Australia
S. M. Gilmour
Dr. Elizabeth Ozamme
Cliff J. Picton
Dr. Derek Melville Prinsley

Austria
Dr. Tarek Shuman

Bahamas
Lillian Greene

Brazil
Gastao Bandeira-De Mello
Palo Campos

Burma
Ohn Kyaw

Cameroon
Peter Asongwe

Canada
Mirelle Badour
Lawrence Crawford
Sister Constance E. Murphy, S.S. J.D.

China
Dr. Guang-yu Zhou

Columbia
Cecilia Issacs

Costa Rica
Dr. Carlos Fredrico Denton

Cyprus
Dr. Marios L. Evriviades

Czechoslovakia
Dezider Hajnovic
Dr. Hana Hermanova
Dr. Stefan Neuschl

Denmark
Dr. Henning Friis
Dr. David MacFadyen

Dominican Republic
Her Excellency Julia T. Alvares
Dr. Eduardo Alvarez

Ecuador
Patricio Maldonado
Jaime Marchan

Egypt
Mohamed Ghoneim Salem

England
Dr. John Grimley Evans
Dr. D. A. Rolt

France
Marianne Faure
Alain Gillette

German Democratic Republic
Dr. Udo J. Schmidt

Germany
Johanna Koenig

Greece
Costa P. Caranicas

Hungary
Dr. Edit Beregi

Iceland
Pall Sigurosson, M.D., D.P.H.

Israel
Dr. Yitzhak Brick
Dr. Arthur Michael Davies

Italy
Giovanni Ferrero

Jamaica
E. L. Miller

Japan
Professor Kazutomo Imahori
Kunio Mizuta

Kenya
D. W. Kimani

Lesotho
Her Excellency M. N. Tau

Madagascar
Dr. Basile Rakotovoa

Mauritus
C. Jesseramsing

Mexico
Jose de Jesus Luna-Gomez
Dr. Joaquin Gonzalez Aragon

Netherlands
Dr. Carel F. Hollander
Marijke A. Van Drunen Littel

Nigeria
T. Oladega

Norway
Dr. Eva Beverfeldt

Pakistan
Rifat Nizami

Panama
Argentina Vial

Republic of Sri Lanka
Lt. Col. P.B.C. Dharmapala

Romania
Dr. Ana Aslan

Rwanda
His Excellency Bonaventure Ubalijoro

Saudi Arabia
Abdal-Mishin Al-Tamimi

Senegal
Dr. Ibrahime Cisse

South Africa
Dr. Howard Parkin Botha

Sweden
Mari Anne Olson
Christina Rogestam
Alvar Svanborg

Switzerland
Dr. Roland Hofmann
Dr. Tarul Pirnar

United States
Dr. Robert N. Butler
Professor Paul Fitzgerald
Ehud Haviv
Dr. Robert Hindley-Smith
Pat Hord
Richard E. Johnson
William Kerrigan
Jorge [illegible]vak
Francisco Lopez
Dr. Prasop Ratanakorn
Yoshika Someya

Venezuela
Dr. Vargas Salerno

Appendix J

1981 WHITE HOUSE CONFERENCE ON AGING OFFICIAL RULES OF PROCEDURE

Pursuant to the authority vested in the Secretary of Health and Human Services by section 203 of the White House Conference on Aging act (Public Law 95-478), these Official Rules of Procedure are established:

RULE 1: PURPOSE OF THE CONFERENCE

(a) *Statutory Purpose.* Pursuant to statutory mandate, it shall be the purpose of the Conference to determine facts and develop recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of older Americans.

(b) *Final Report of the Conference.* Pursuant to statutory mandate, a final report of the Conference, which shall include a statement of a comprehensive coherent national policy on aging, together with recommendations for the implementation of the policy, shall be submitted to the President not later than 180 days following the date on which the Conference is adjourned. This final report shall be based upon:

(1) Reports of Committees of the Conference, developed in accordance with the provisions of Rule 2, and adopted by majority vote of the members of each Committee after open discussion and debate;

(2) The vote of the plenary session of the Conference on the acceptance of the summary reports of the Committees, as provided in Rule 3; and

(3) Personal judgments of all delegates and observers on all recommendations contained in all Committee reports, Supplemental Statements, and Additional Views, as provided in Rule 4.

RULE 2: COMMITTEES OF THE CONFERENCE

(a) *Establishment of Committees.* The deliberations of the Conference will be conducted by 14 Committees, each with jurisdiction as follows:

Committee on Implications for the Economy of an Aging Population

Committee on Economic Well-Being

Committee on Older Americans as a Continuing Resource

Committee on Promotion and Maintenance of Wellness

Committee on Health Care and Services

Committee on Options for Long-Term Care

Committee on Family and Community Support Systems

Committee on Housing Alternatives

Committee on Conditions for Continuing Community Participation

Committee on Education and Training Opportunities

Committee on Concerns of Older Women

Committee on Private Sector Roles, Structures and Opportunities

Committee on Public Sector Roles and Structures

Committee on Research

(b) *Committee Reports to the Conference.* Each Committee Chairman shall present to the Conference a concise report on the subjects within the Committee's jurisdiction. Each Committee shall also submit to the Conference Chairman a full written report. Each Committee Report shall include all Supplemental Statements and Additional Views.

(c) *Supplemental Statements and Additional Views.* Each Committee Report shall include all Supplemental Statements and Additional Views of the Committee. To be included in the Committee Report, Supplemental Statements must represent the views of not less than 20 percent of the members of the Committee, and Additional Views not less than 10 percent of the members of the Committee.

(d) *Committee Chairman and Vice-President.* Each Committee shall have a Chairman and Vice-Chairman, selected by the Secretary of Health and Human Services. The Chairman shall preside at all meetings of the Committee. The Vice-Chairman, or, if unavailable, a delegate assigned to the Committee designated by the Chairman, shall assume the duties of the Chair in the absence of the Chairman. It shall be the responsibility of the Chairman to assure that the Committee proceeds in an orderly fashion to complete development of the Committee Report. The Chairman shall have the authority to recess the Committee subject to the call of the Chair.

(e) *Committee Staff Secretariat.* Each Committee shall have a Staff Secretariat, consisting of a Staff Director, Assistant Director, Parliamentary Clerk, Sergeant-at-Arms, resource experts, clerical staff, and other support personnel necessary to assist the Chairman and Committee. The Parliamentary Clerk will be the Chair's immediate resource as to rules and procedures. The Clerk will read matters before the Committee, call the roll when required, and certify the actions of the Committee. The Clerk should not be a voting delegate. The Staff Secretariat shall be appointed by the Executive Director of the Conference.

(f) *Expert Presentations to Committee.* The first order of business in each Committee shall be two presentations on the issues of jurisdiction of the Committee. These presentations shall be by recognized authorities in the subject areas. The presentors shall be designated by the Executive Director of the Conference.

(g) *Committee Agenda.* Each Committee Chairman shall submit to the Committee a suggested agenda to guide the deliberations of the Committee. The agendas shall not be binding. Matters not included in the suggested agenda, but which are within the jurisdiction of the Committee, shall be in order for consideration by the Committee.

(h) *Committee Deliberations.* When seeking recognition, delegates will identify themselves and will not be recognized until their identification has been acknowledged by the Chairman. Proposals to include statements and recommendations in the Committee Report may be made only by official delegates. Any recommendation or proposal shall be made in the form of a motion and must be submitted in writing to the Committee Staff Director and be read by the Clerk, before it will be in order for discussion. A delegate offering a motion may be recognized for five minutes. A delegate speaking in opposition to a motion may be recognized for five minutes. Other delegates may be recognized to speak for or against the motion for two minutes. Extensions of time may be granted only by unanimous consent. Limitations on debate may be agreed to, in which case the Chairman shall divide the time as equally as possible between delegates speaking in favor of and delegates speaking in opposition to, the motion.

(i) *Observers.* Official observers may be permitted to address a Committee, as time is available, subject to the same rules as debate applicable to Delegates.

(j) *Voting in Committees.* Only official delegates may vote on motions before the Committee. Should one-fifth of the delegates present object to a voice vote, the Chairman shall direct a vote by division, by teller, by roll call, or by any other

means which will enable the Chairman to accurately ascertain the will of the Committee.

(k) *Procedural Matters.* The will of the majority of the Committee shall decide such procedural questions as motions to close or limit debate, matters of consideration, and the previous question.

(l) *Germaneness.* Each Committee Chairman shall have the authority and responsibility to insure that motions presented to the Committee are germane to matters within the subject matter jurisdiction of the Committee.

(m) *Status of Committee Reports.* In accordance with the precedents of previous White House Conferences on Aging and in recognition of the degree of expertise and extent of deliberations within each Committee, the recommendations of the Committees will be, consistent with the provisions of Rule 1(b), the recommendations of the Conference.

RULE 3: PLENARY SESSIONS

(a) *Presiding Officer.* The Chairman of the Conference shall preside over the plenary sessions of the Conference. In the absence of the Chairman, or otherwise at the discretion of the Chairman, the Chairman may designate a temporary presiding officer from among the members of the National Advisory Committee.

(b) *Summary Reports of Committees.* Each Committee Chairman, or a designee of the Chairman, shall present to the final Plenary Session a summary report, not to exceed ten minutes, on the recommendations of the Committee. The summary report shall include a summary of any Supplemental Statements and Additional Views of the Committee. Printed copies of these summary reports shall be made available to each delegate.

(c) *Acceptance of Summary Reports.* At the conclusion of the presentation of all of the summary reports, the Chairman of the Conference shall put the question: "Shall the summary reports be accepted?", which question shall be decided without further debate or amendment.

RULE 4: DELEGATES' JUDGMENT ON ALL RECOMMENDATIONS

(a) *Purpose.* It is the purpose of this Rule to provide the maximum feasible participation by each delegate in the development of Conference recommendations.

(b) *Procedure.* As soon as possible following the conclusion of the Conference, the Executive Director shall provide each delegate and observer an opportunity to register the delegate's or observer's personal judgment with respect to every recommendation included in all Committee Reports, Supplemental Statements, and Additional Views.

RULE 5: GENERAL PROVISIONS

(a) *Credentials.* Throughout the Conference, delegates and observers will wear their official identification badges at all official functions and will occupy those seats provided especially for them. Any disputes regarding the credentials of any delegate or observer shall be decided by the Credentials Committee, appointed by the Chairman of the National Advisory Committee from among the members of the National Advisory Committee.

(b) *Schedule of Conference Plenary and Committee Sessions.* The Conference Plenary Sessions shall be held Monday, November 30, from 9:00 a.m. to 11:00 a.m., and Thursday, December 3, from 9:00 a.m. to 11:30 a.m. Committee Sessions will be held Monday, November 30, from 2:15 p.m. to 5:00 p.m., Tuesday, December 1, from 9:00 a.m. to 12:00 noon, and from 2:30 p.m. to 5:30 p.m., and Wednesday, December 2, From 9:00 a.m. to 12:00 noon, and from 2:15 p.m. to 5:00 p.m.

(c) *Supplement to Rules.* With respect to procedural matters not dealt with by these Official Rules, and to the extent consistent with the purposes and provisions of these Official Rules, the Conference and its Committees shall be governed by accepted parliamentary practice and Roberts Rules of Order.

(d) *Resolution of Questions.* The Conference Chairman shall have the authority to resolve any procedural question or problem which is not otherwise resolved during the Conference.

(e) *Promulgation of these Rules.* These Official Rules of Procedure are promulgated by the Secretary of Health and Human Services pursuant to his statutory authority and responsibility to direct the conduct of the Conference. These Rules are intended to facilitate accomplishment by the Conference of its statutory purpose, and have been adopted after due consideration of the recommendations of the National Advisory Committee, precedents established at previous White House Conferences on Aging, and comments from many interested parties. These are the final and definitive Official Rules of Procedure of the 1981 White House Conference on Aging.

Approved: November 27, 1980

Richard S. Schweiker
Secretary of Health
and Human Services

Appendix K

CONFERENCE COMMITTEES LEADERSHIP

COMMITTEE 1—IMPLICATIONS FOR THE ECONOMY OF AN AGING POPULATION

Chairman
Kenneth Austin, Des Moines, IA; Chairman and Chief Executive Officer of the Equitable Life Insurance Company of Iowa; former Director of American Association of Homes for the Aging

Vice-Chairman
Anna V. Brown, Cleveland, OH; Deputy Chairman, White House Conference on Aging; Executive Director, Mayor's Commission on Aging, Cleveland, Ohio; Board Member of National Center on Black Aged

Staff Director
Ron Hoffman, Senior Economist, United States Department of Treasury

Recorder
Esther Urie, Williston, VT; Chairman, Coalition of Vermont Elders; active in Vermont Association Retired Teachers

COMMITTEE 2 — ECONOMIC WELL BEING

Chairman
Robert H. Steele, Norwich, CT; President of the Norwich Savings Society; former Member of Congress from Connecticut

Vice-Chairman
Robert P. Bynum, Oneonta, AL; former Associate Commissioner for Operations and Deputy Commissioner of the Social Security Administration

Staff Director
Anthony Pellechio, Deputy Assistant Secretary for Income Security Policy, Office of Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

Recorder
Mary Gardenhire, Chattanooga, TN; Member of Advisory Board of local nursing home; served as elected County Officer for six years and was on staff of former Congressman Lamar Baker

COMMITTEE 3 — OLDER AMERICANS AS A CONTINUING RESOURCE

Chairman
James Balog, Spring Lake, NJ; Senior Executive Vice President of Drexel, Burnham and Lambert, Inc.

Vice-Chairman
Consuelo L. Garcia, Houston, TX; Deputy Chairman, White House Conference on Aging; owns and operates hospice for low-income elderly; delegate to the 1961 White House Conference on Aging; Chairman, Mexican-American Cultural Society, Houston, TX

Staff Director
Ed Snyder, Special Assistant to the Assistant Secretary for Employment and Training, U.S. Department of Labor

Recorder
Hubert Deal, Birmingham, AL; former Chairman, Jefferson County Association for Retired Persons; former Director, Elder Garden, Birmingham, AL

COMMITTEE 4 — PROMOTION AND MAINTENANCE OF WELLNESS

Chairman
Madge Myers, Kansas City, MO; former Assistant Professor of Dietetics and Nutrition at Tufts University School of Medicine and the University of Kansas Medical Center

Vice-Chairman
Virginia Boyack, Ph.D., Valencia, CA; Vice President for Life Planning and Educational Development, California Federal Savings and Loan Association; member of the White House Conference on Aging National Advisory Committee; visiting professor, Andrus Gerontology Center Summer Institute, University of Southern California

Staff Director
Holly Caldwell, Special Assistant to the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

Recorder
Ruppert Evans, Urbana, IL; Professor and Dean, College of Education, University of Illinois

COMMITTEE 5 — HEALTH CARE AND SERVICES

Chairman
William R. Hunt, M.D. McKeesport, PA; practicing physician; Commissioner of Allegheny County, PA

Vice-Chairman
Jerald Schenken, M.D., Omaha, NE; Professor of Pathology, University of Nebraska College of Medicine and Creighton University School of Medicine; consultant in laboratory medicine to the Surgeon General of the U.S. Navy

Staff Director
Larry Oday, Special Assistant to the Associate Administrator for Policy, Health Care Finance Administration, U.S. Department of Health and Human Services

Recorder
Shirley Adcock, East Point, GA; Coordinator of Senior Center Programs and Nutrition, Atlanta Regional Commission on Aging

COMMITTEE 6 — OPTIONS FOR LONG-TERM CARE

Chairman
Denham Harman, M.D., Omaha, NE; Professor of Biochemistry, Millard Professor of Medicine, and Chief, Division of Clinical Gerontology, University of Nebraska College of Medicine; Chief, Nebraska Geriatric Service, Douglas County Hospital; Fellow, American Geriatric Society and Gerontological Society

Vice-Chairman
Malcolm O. Scamahorn, M.D.; Pittsboro, IN; Chairman of the American Medical Association's Committee on Aging and Long-Term Care; former President of the Indiana State Medical Association

Staff Director
Jo Ann Gasper, Deputy Assistant Secretary for Social Service Policy, Office of Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

Recorder
John B. Martin, Washington, DC; Commissioner on Aging, 1969-1973; Director of the 1971 White House Conference on Aging

COMMITTEE 7 — FAMILY AND COMMUNITY SUPPORT SYSTEMS

Chairman
Adelaide Attard, Carle Place, NY; Commissioner of the Nassau County Department of Senior Citizen Affairs; former President, New York State Association of Area Agenices on Aging

Vice-Chairman
William G. Fisher, Prior Lake, MN; National Commander of the Veterans of World War I; Volunteer Gerontology Consultant and past Committee Member of the President's Council on Aging

Staff Director
Connie Horner, Deputy Assistant Director, Office of Policy and Planning, ACTION

Recorder
Katherine Stahlman, Indiana, PA; retired faculty member, University of Pennsylvania formerly with Meals on Wheels; former member of the Advisory Committee for Visiting Nurses Associates

COMMITTEE 8 — HOUSING ALTERNATIVES

Chairman
Nicholas A. Panuzio, Fairfax, VA; President of Panuzio Associates; former Connecticut State Legislator and Mayor of Bridgeport, CT

Vice-Chairman
James N. Broder, Esq., Washington, D.C.; Senior Resident Partner of Thaxter, Liply, Stevens, Broder, and Micocau; former Staff Director, House Republican Task Force on Aging; member of the Board of Directors, National B'nai B'rith Housing Foundation

Staff Director
Helen Holt, Special Advisor to the Deputy Under Secretary for Inter-Governmental Relations, U.S. Department of Housing and Urban Development

Recorder
Erminie Nave, Greenwood, SC; formerly with South Carolina Vocational Rehabilitation; active in local community affairs

COMMITTEE 9 — OPTIONS FOR CONTINUING COMMUNITY PARTICIPATION

Chairman
Martin Janis, Columbus, OH; Director of the Ohio Commission on Aging; founder of first State Mental Health Department and Golden Age Village

Vice-Chairman
Katie Dusenberry, Tucson, AZ; member, Board of Supervisors, Pima County, Arizona; President, National Association of

County Aging Programs; member, Transportation Steering Committee, National Assocation of Counties

Staff Director
Ralph Stanley, Special Assistant to the Secretary for Policy, U.S. Department of Transportation

Recorder
Jennie Bochar, Cleveland, OH; Project Director for Senior Ethnic Find, Cleveland Department of Health and Human Services, VISTA and CETA Program

COMMITTEE 10 — EDUCATION AND TRAINING OPPORTUNITIES

Chairman
Bernice Neugarten, Ph.D., Chicago, IL; lecturer and author in the fields of aging and human development; Professor of Human Development, Northwestern University; past President, Gerontological Society

Vice-Chairman
Gerald Felando, D.D.S., Sacramento, CA; Chairman of the Assembly Committee on Aging, State of California

Staff Director
John Wu, Special Assistant to the Assistant Secretary for Vocational and Adult Education, U.S. Department of Education

Recorder
Julia Hamblet, Alexandria, VA; former Director, Regional Liaison, Bureau of Student Financial Assistance, Department Health, Education and Welfare.

COMMITTEE 11 — CONCERNS OF OLDER WOMEN

Chairman
Josephine Oblinger, Esq., Springfield, IL; Member of the Illinois House of Representatives; former Director of Illinois Department of Aging

Vice-Chairman
Mildred Althouse, Omaha, NE; former teacher and vice principal; Coordinator of Reading Aids in the Omaha Schools' Reading Clinics; member, Advisory Council for the Nebraska Commission on Aging; member Council on Nutrition of the East Nebraska Office on Aging; member, Black Caucus of Nebraska

Staff Director
Lesley Edmonds, Staff Assistant to the Secretary of Labor, Assistant Secretary for Policy, Evaluation and Research, U.S. Department of Labor

Recorder
Ester Hubbartt, Bloomfield, IA; member, Iowa Commission on Aging; has served on and chaired numerous advisory councils

COMMITTEE 12 — PRIVATE SECTOR ROLES AND OPPORTUNITIES

Chairman
George Davy, Elkhart, IN; Executive Vice President, Miles Laboratories, Inc.

Vice-Chairman
Malcolm MacKillop, Esq., San Francisco, CA; Senior Vice President for Corporate Relations, Pacific Gas and Electric Co.

Staff Director
Richard D. English, Deputy Assistant Director for Office of Policy and Planning, ACTION

Recorder
Lois McManus, Greensboro, NC; former President, National Association of Meals Program; former staff on Congressional committees; served on the President's Transition Task Force for Neighborhood Policy

COMMITTEE 13 — PUBLIC SECTOR ROLES AND STRUCTURES

Chairman
Doris Dealaman, Somerville, NJ; County Commissioner, Board of Freeholders, Somerset County, NJ; Chairwoman of the Committee on Aging, National Association of Counties

Vice Chairman
Constance St. Clair Solan, Rockville, MD; Research Associate, NAACP; Ford Foundation Fellow, 1975 - 78; former consultant, World Bank

Staff Director
Robert Brown, Special Assistant to the Secretary, U.S. Department of Education

Recorder
Janet Goeske, Riverside, CA; Mayor's Commission on Aging; Chairman of the Board for the Governor for 14 years; Volunteer Ombudsman Program; Chairman, Foster Grandparents and approximately 14 other organizations

COMMITTEE 14 — RESEARCH

Chairman
Edward Young, Los Angeles, CA; Assistant Director, Center for Health Services Research, University of Southern California School of Medicine

Vice-Chairman
Janice Caldwell, Ph.D., Silver Spring, MD; Executive Director, Gerontological Society of America; Commissioned Officer, U.S. Public Health Service

Staff Director
Stephen Gibbens, Principal Deputy Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

Recorder
John Waid, Meadville, MS; Executive Director, Southwest Mississippi Area Agency on Aging; formerly with Mississippi Department of Youth Services

Appendix L

1981 WHITE HOUSE CONFERENCE ON AGING STAFF

Listed below are staff members employed by the Conference or loaned to it by other agencies. As explained in the organization and staffing section of Volume II, Chapter 1, the number of individuals employed by or loaned to the Conference fluctuated depending on the workload during the different phases of the process.

Principal officials are listed first. All other names are presented in alphabetical order.

Principal Officials

Jerome R. Waldie
Executive Director

David A. Rust
Executive Director

Betty H. Brake
Executive Director

Stephen F. Gibbens
Principal Deputy Assistant Secretary for Planning and Evaluation, OS, DHHS and Executive Director, WHCoA

Jarold A. Kieffer, Ph.D.
Staff Director &
Acting Executive Director

Gerald J. Bennett
Staff Director

Leon Harper
Associate Executive Director

Jean C. Bergaust
Director, Office of Special Events

Richard Davis
Director, Office of Delegate Services

Claire Dorrell
Conference Spokesperson

Mary S. Harper, Ph.D., R.N.
Director, Office of Conference Committee Support

Jo Harris
Director, Office of Operations

Leslie B. King
Director, Office of the Conference Coordinator

Ghita Levine
Director, Office of Public Affairs

William S. Stetson, Jr.
Director, Office of Public Affairs

James R. Wehling
Director, Office of Administrative Services

Ronald J. Wylie
Director, Office of Project Development

Professional and Support Staff

Carole B. Allan
Marin P. Allen
Lee Lawrence Ansberry
Roberto Anson
Kathleen A. Backley
Pauline Barnes
Vivianne L. Baskins
William C. Bender
Adrienne Berry
Christopher Bladen
Mary B. Bloomberg
Matthew J. Boland
Terri L. Borgus
Valerie Braddy
Antoinette C. Bragg
Stephanie L. Braime
Lillian B. Braxton
Mildred S. Britton
Sharon L. Brown
Joan G. Buchanan
Mildred L. Burch
Holly Caldwell
Edward A. Campbell
Linda C. Campion
Mary O. Clampitt
Wilma Claypool
Kimberly A. Collins
Lynne W. Coughlin
Daniel Cowell, M.D.
Donald E. Crawford, Ph.D.
Marlene J. Crossland
Alice B. Cumberland
Mary Daniels
Mary K. Daughton
Zelma Davidson
Susan DeCarlo
Patricia Drury
Paul E. Dwyer, Jr.
John W. Eakle
Harrison F. Finley
Carol Fitzsimmons
Elizabeth Flynn
Gregory A. Foster
Ceil Frank
Richard T. Fraser
Geraldine B. Gale
Rosann Garber
Billie P. Garde
Jo Ann Gasper
Jessie Gertman
Christeena L. Gilbert
James D. Golden
Gordon P. Goodfellow, Ph.D.
James E. Graham
Michelle A. Greco
George Greenberg, Ph.D.
Karen Gubitosi
Thomas A. Gustafson, Ph.D.
Glenn Hackbarth, J.D.
Jeffrey G. Hagedorn
Sharon Hambley
Barbra C. Hickey
Douglas Hill
Vernoy E. Hite
Ron Hoffman
Elizabeth H. Holliman
Juanita P. Horton, Ph.D.
William H. Hudson
Louise A. Hutchinson
Arthur Jackson
Kathleen H. Jamieson
Marlene L. Johnson
Keith B. Judge
Charles Kearney
Cynthia A. Kenny
Eleanor Kingsley
Evelyn Kitchin
Bruce Klein
Edna S. Knight
Alfred A. Larsen
Edmond J. LeBreton
David C. Lindeman
Virginia B. Linsky
Marlyn Lipfert
Mary E. Little
Michelle Little
Laura E. Logan
Weltha J. Logan
Lenora E. Maddox
Jeremiah Maloney
Ed Marcus
Virginia M. Mayer
Kimberly A. McCoy-O'Donnell
Caroline A. McGee
Shirley F. McIntosh
Anita C. McIntyre
Joel J. Menges
Phyllis R. Miller, Ph.D.
Arnita Mongiovi
Jean C. Monroe
Gene Moyer
Robert Mullen
Bernie Nash
Christopher Y. Nathan
Sandra Y. Nathan
David W. Nelson
Nancy T. Nelson
M. Frances Newman
Joyce N. O'Briant
Larry Oday
John J. Pavoni, Jr.
Anthony J. Pellechio
Mary I. Pendell
Victorina Peralta
Karen M. Peterkin
Mabel D. Poders
Joyce G. Poulsen
Laurel Rabin
Alvin Rabushka
Gerald A. Reed
Linda Wilson Reed
John R. Reeves
Barbara E. Resnick
Lowana R. Richardson
Grace C. Riddell
Verna Robinson
Eric H. Rosenberger
Vivian Royal
James W. Rumph
Donnan B. Runkel
Judith S. Salgado
Frank Sammartino, Ph.D.
David M. Sawyer
Daniel Schulder
David Schwartz
Roberta Sharp
Marty Sicker
Carolyn Skinner
Susan C. Slatkin
Nancy T. Smith
Betty M. Stagg
Bruce Steinwald
Florence H. Stover
Doris P. Summey
Cleonice Tavani
Ruthie L. Taylor
Yvette W. Tindel
Beverly Y. Tipton
Clare M. Tomasch
Theodore L. Totman
George Wakiji
Rebecca F. Washington
Dale Wing
Anne Woodward
Brennan D. Wray
Dina M. Zenovich

Experts/Consultants to Technical Committee

Robert Agranoff
Vern Bengtson
Merton C. Bernstein
Yung-Ping Chen
Robert A. Clark
Thomas C. Cook, Jr.
Charles Culhane
Burton Dunlap
Howard C. Eglit
Sidney Epstein
Hiram Friedsam
Donald E. Gelfand
Joyce Haber
Robert Havighurst
Carolyn Hoppe
Robert L. Kane
Marjorie Kantor
Paul Kim
Barry Liebowitz
Dorothea H. Lobsenz
Wendy L. Loucks
Charles H. Mindel
Mary B. Minden
Mary Minkler
Bruce Munro
Adrienne Ostfeld
Peter L. Petrakis
James Pickman
Sara Rix
Stephanie M. Ross
Mildred M. Seltzer
Anne R. Somers
Marta Sotomayor
Morton Yarmon
Constance G. Zich

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